## \*Alabama Department of Public Health Application For Exemption For Food Service at a Temporary Event

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Name of	Event:	Exempt				
Event Lo	cation:					
Even	t Type:	Type Facility				
<b>Event Sponso</b>	red by:					
Contact F	Person:		Contact Phone:			
Mailing Address:			City:		State: AL	Zip:
		Foc	d To Be Sol	d		
EARLIEST i	nitial food prepara	tions will begir	ı: LAT	EST final clean	-up and removal f	rom site:
Date:	Time:			Date:	Time:	
		<u>i</u>	EXEMPTION			
	emption CAN NOT lude home canned v				hat have been can	ned at home!
*Application s	shall be submitted at	l least 5 calenda	r days prior to the	date of the eve	nt	
	address and contace sheet for additiona					
Permit No. (if applicable)	Name of E	Est.	Address, City,	ST, Zip	Manager/POC	Phone

Date

Signature

Please use the text box below to share a description of the food items that will be served on the event menu. Alternatively, you may attach copies of the menu to this file.

## Event Menu