



# CHEROKEE COUNTY HEALTH DEPARTMENT

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## NO FEE / NO PERMIT TFE APPLICATION

(Non-Profit NCGS Exempt, General Fundraiser Exempt, Non-Potentially Hazardous/Low Risk Exempt)

**NONPROFIT NCGS EXEMPT VENDOR**

*G.S. 130A-250(7) states establishments (i) that are incorporated as nonprofit corporations in accordance with Chapter 55A of the General Statutes or (ii) that are exempt from federal income tax under the Internal Revenue Code, as defined in G.S. 105-228.90 or (iii) that are political committees as defined in G.S. 163-278.6(14) and that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.*

Check the type of NCGS exemption that you are requesting: (submit supporting documentation)

\_\_\_ Chapter 55A of the GS non profits.

\_\_\_ Exempt From federal income tax under G.S. 105-228.90

\_\_\_ Political Committees as defined in G.S. 163-278.6(1)

Non-Profit Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Contractor/Vendor/Promoter: \_\_\_\_\_ Contact #: \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

Date/Time of Location: \_\_\_\_\_

Menu (List all Items): \_\_\_\_\_

I hereby certify that the information in this application is correct and I understand that any deviation without prior approval from the local Environmental Health Office may nullify this exemption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner or Responsible Party**



**GENERAL FUNDRAISER EVENTS EXEMPTION NOT COVERED UNDER GS:**

**(No minimum donation price posting, request or suggestion is permitted\*)**

Event Coordinator: \_\_\_\_\_

Event Name & Location: \_\_\_\_\_

Event Dates: Beginning \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Ending: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Menu: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, verify that I am participating in this event for the purpose of raising funds for \_\_\_\_\_ and all of the proceeds from the event will be contributed to the fundraiser. **\*I agree that no minimum donation amount will be advertised or set for food/drinks.** Set donations will subject fundraiser to the rules and regulations governing food establishments and will require a food handling permit from the Cherokee County Health Department.

Signature and Date: \_\_\_\_\_

\_\_\_\_\_

**NON-POTENTIALLY HAZARDOUS FOODS (LOW RISK/ TCS) EXEMPT VENDOR**

Ex: dip ice cream, popcorn, snow cones, funnel cakes, soft pretzels, pork rinds/skins, cotton candy, pre-packaged items like chips, peanuts, candy bars. Other foods may be included such as baked goods, which are under NCDA&CS (984 236 4850) and also may require a permit from that entity.

**EVENT INFORMATION:**

Event Coordinator: \_\_\_\_\_

Event Name & Location: \_\_\_\_\_

Event Dates: Beginning: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Ending: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

**VENDOR INFORMATION:**

Vendor Name: \_\_\_\_\_

Contact Info (Phone, Address): \_\_\_\_\_

Menu: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

