



CHEROKEE COUNTY HEALTH DEPARTMENT

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15 High School Drive
Andrews, NC 28901
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FUNDRAISER DOCUMENTATION FOR TEMPORARY FOOD ESTABLISHMENT EXEMPTION (NO FEE OR PERMIT REQUIRED)

EVENT COORDINATOR: _____

EVENT NAME AND LOCATION: _____

EVENT DATES: BEGINNING: ____/____/____ **TIME:** _____
ENDING: ____/____/____ **TIME:** _____

NAME OF VENDOR: _____

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.

Signature and Date: _____