



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: Morgan Budzinski

Event Name & Location: 47th Annual Fall Festival, Brasstown NC_

Event Dates: Beginning _10_/_7_/_2023_ **Time:** 10 am_

Ending: _10_/_8_/_2023_ **Time:** _5 pm_

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: Morgan Budzinski

Event Name & Location: 47th Annual Fall Festival, Brasstown NC

Event Dates: Beginning: _10_/_7_/_2023_ **Time:** _10 am_

Ending: _10_/_8_/_2023_ **Time:** _5PM_

VENDOR INFORMATION:

Vendor Name: _____

Contact Info (Phone, Address): _____

Menu: _____

Signature and Date: _____



