

# APPLICATION FOR HEALTH PERMIT EXEMPTION

**FEE EXEMPT**

Orange County Health Care Agency  
Environmental Health Division  
1241 E. Dyer Road Suite 120, Santa Ana, CA 92705  
Telephone: (714) 433-6000 / FAX: (714) 433-6423

**NONPROFIT  
ORGANIZATION**

**THIS SECTION TO BE COMPLETED BY APPLICANT - PLEASE PRINT**

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON IN CHARGE OF THE BOOTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_ DATE(s): \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

*I certify that the above information is, to the best of my knowledge, correct.*

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner or Authorized Representative)

Food/Beverage To Be Sold: \_\_\_\_\_ Booth #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Articles of Exemption Documents:      501(c) \_\_\_\_\_      IRS 990 \_\_\_\_\_      CA FTB \_\_\_\_\_      Incorporation \_\_\_\_\_  
State Reg of Charitable Trust \_\_\_\_\_

**THIS HEALTH PERMIT EXEMPTION COVERS THE OPERATION OF A TEMPORARY FOOD FACILITY BY A LEGITIMATE NON-PROFIT ASSOCIATION AT THIS OCCASIONAL EVENT ONLY. NO BLANKET APPROVAL FOR THE OPERATION OF COMMERCIAL FOOD FACILITIES AT THIS OCCASIONAL EVENT IS INTENDED.**