

Howard County Health Department
Division of Environmental Health
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Voluntary Information for a Tax Exempt Organization

Related to Operating a Food Establishment

As enacted, Indiana Code 16-42-5 and IC 16-42-5.2 were amended, effective July 1, 2007, to redefine the meaning of "Food establishment" to exclude a venue of the sale of food prepared for the organization that is organized for religious purposes, educational purposes in a nonpublic educational setting, or an organization that is organized for civic, fraternal, veterans, or charitable purposes that is exempt from taxation under Section 501 of the Internal Revenue Code that offers food for sale to the final consumer at an event held for the benefit of the organization. The events conducted by the organization must take place for not more than fifteen (15) days in a calendar year, except religious or nonpublic educational events.

Organization's Name: _____

The name commonly used or known or the "doing business as" name.

Complete Mailing Address: _____

_____ **State:** _____ **Zip:** _____

The legal mailing address of the organization by which the organization may be reached locally.

Operator's Name: _____

The person who is in charge of the local organization.

Home or Business Telephone: _____

Number that normally rings the organization. Also list fax or cellular phone by which business can be reached locally.

On-site Manager's Name: _____

The person responsible for the on site operation and is available on site during the food operation.

Name of Event: _____ **Dates:** _____

Start Time: _____ **Daily Hours of Operation:** _____

Location of the Event: _____

_____ Give the address or physical location of the event and directions to site, including lot number.

Menu (Food) to be Served (Be complete!): _____

List the source(s) of all foods that will be served at the event: _____

Organization's Employer Identification Number (EIN) _____

Your EIN number must be obtained from IRS to apply for 501 tax exemption.

Organization's Internal Revenue Code section 501(c) _____ recognition of exemption.

Please attach the IRS letter of determination for 501 designation.

Is this a Group Exemption from the central organization? ___yes ___no

Has anyone working in the food venue had formal Food Certification Training?

___yes ___no

Please check which Certification the person(s) hold(s).

- ServSafe®** National Restaurant Association
Expiration Date: _____
- Certified Professional Food Manager®** Thomson Prometric
Expiration Date: _____
- Certified Food Safety Manager, Nat'l Registry of Food Safety Professionals**
Expiration Date: _____

Completion of the form is voluntary. It will be used only by the Health Department to confirm participation in specific venues or events and to have local contact information in the case of an emergency.

Signature: _____ **Title:** _____

The person who fills out this application should sign it.

Print Name: _____ **Date:** _____

Do Not Write Below This Line. For Official Use Only

501(c) document provided: _____	Permit Number: _____
Number of Days expected to operate _____	Date Permit Issued: _____
Religious purposes exempt _____	Date Permit Expires: _____
Nonpublic education exempt _____	