

DUPLIN COUNTY

Health Services

340 Seminary Street
PO Box 948
Kenansville, NC 28349



Main Office 910-296-2130
Environmental Health 910-296-2126
FAX 910-296-2166

Duplin County Environmental Health Exempt Vendor Verification Form

Purpose: To aid in the verification of the exempt status of corporations desiring to serve food in accordance with GS130A-250(7):

Establishments that are incorporated as nonprofit corporations in accordance with Chapter 55a of the General Statutes or that are exempt from federal income tax under the Internal Revenue Code, as defined in GS105-228.90 or that are political committees as defined in GS163-278.6(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.

This application must be submitted at least 2 weeks prior to the date of the event. A new verification form is required for each event, each location and for each vendor/promoter/contractor.

A. Check the type of exemption which you are requesting and attach a copy of this status exemption.

- Chapter 55A of the General Statutes
- Exempt from federal income tax under GS 105-228.90 (501c3)
- Political Committees as defined in GS 163-278.6(14)

B. Using your non-profit letterhead, submit the following information in a separate letter:

- Name, address and contact person for the exempt organization (i.e. registered agent, incorporator, board member).
- The purpose of the fundraiser.
- A statement that ALL proceeds from the event are to be returned to the non-profit.
- Dates, times and location of the event.
- Date and location (address/city/county) of the last exempted event the organization held/participated in.

C. Please fill out the following completely and submit with supporting documentation from Part A and Part B.

Location of Event (if multiple locations, please complete separate applications)	Date(s) of Event	Time(s)
Non-Profit Contact Person	Daytime Phone	Cell Phone
Contact Address (street, city, state, zip)		
Event Planner/Promoter	Daytime Phone	Cell Phone
Event Planner/Promoter Address (street, city, state, zip)		

List All Menu Items

I, _____, do 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.

Owner/Responsible Representative Signature: _____ Date: _____

TO BE FILLED OUT BY DUPLIN COUNTY ENVIRONMENTAL HEALTH

APPROVED BY _____ REHS ID# _____ DATE _____