



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 per 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.

- A. *Check the type of exemption of 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 Committee 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. president, registered agent, 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 last exempted event the organization sold food for pay.

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

Name of Exempt Organization _____

Exempt Organization Contact _____ Phone _____ Email _____

Name of Event/Festival _____ Address of Event _____

Date(s) of Events _____ Time(s) _____

Event/Festival Contact _____ Phone _____ Email _____

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 this office may nullify this exemption.

Owner/Responsible Representative Signature: _____ Date: _____

TO BE FILLED OUT BY DUPLIN COUNTY ENVIRONMENTAL HEALTH

Original forms will show a Duplin County raised seal over the approval date. Photocopies without this seal are INVALID. Paper color may change depending upon year of event and / or year. Paper Color: _____

APPROVED BY _____ REHS ID# _____ DATE _____