



## Cherokee County Health Department

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### EXEMPT VENDOR VERIFICATION

**NON-PROFIT (NO FEES/PERMITS)**

### PLEASE SUBMIT AT LEAST TWO WEEKS PRIOR TO THE DATE OF THE EVENT

*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 exemption that you are requesting: (submit supporting documentation)

\_\_\_\_\_ Chapter 55A of the General Statutes

\_\_\_\_\_ Exempt from federal income tax under G.S. 105-228.90

\_\_\_\_\_ Political Committees as defined in G.S. 163-278.6(14)



**Include the following on letterhead of the non-profit corporation:**

- a. Name, address and contact person for the exempt organization (ie. registered agent, incorporator, board member)
- b. The purpose of this fundraiser
- c. A statement that all of the proceeds are to be returned to the non-profit
- d. Dates, times and location(s) of fundraiser
- e. Date and location of last exempted function

\_\_\_\_\_  
Location of Fundraiser (if multiple locations please complete separate applications)

\_\_\_\_\_  
Non-Profit Contact Person

\_\_\_\_\_  
Address (street, city, state zip)

\_\_\_\_\_  
Contractor/Vendor/Promoter                      Work Phone #                      Cell Phone #

\_\_\_\_\_  
Address (street, city, state, zip)

**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** \_\_\_\_\_  
**(Owner or Responsible Representative)**



