

JOHNSTON COUNTY PUBLIC HEALTH DEPARTMENT

MAIN OFFICE

517 North Bright Leaf Boulevard
Smithfield, NC 27577-4407

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Fax: (919) 989-5199 Med. Rec.

Linda Allen, RN
Board Chairman



MARILYN R. PEARSON, MD
Director

**ENVIRONMENTAL OFFICE
LAND USE CENTER**

309 East Market Street
Smithfield, NC 27577-3919

(919) 989-5180

Fax: (919)989-5190

Mabel Yelvington
Board Vice Chairman

DOCUMENTATION OF EXEMPTION

EVENT: _____

Name of Organization: _____

Address: _____

Name of Responsible Person & Title: _____

Phone Number(s): _____

Tax ID Number: _____

List of foods to be sold: _____

When are you claiming an exemption? Dates: _____

How many days will you operate? _____

Where else have you operated (event and date):

Will you be operating any where else this year, if so where and when?

****It is the responsibility of the non-profit organization to prove that they are a non-profit. The responsible persons should include with this application a copy of exemption letter from the North Carolina Department of Revenue stating of non-profit status or a copy of 501c3 or 501c4. ****

Signature of responsible person: _____