



WILKES COUNTY HEALTH DEPARTMENT

Promoting health and preventing disease in our community

NON-PERMITTED TEMPORARY FOOD ESTABLISHMENTS

Date: _____

Name of Non-Profit Organization: _____

Name of Operator: _____

Mailing Address: _____

Telephone Number: _____

Tax Exempt Number: _____

Dates Establishment Will be Set Up: _____

Location of Temporary Food Establishment: _____

Menu Items: _____
