City of Tifton
130 E. 1st Street
PO Box 229
Tifton, Georgia 31794
229-382-6231 PH
BLRenewals@tifton.net

APPLICATION FOR TEMPORARY NON-PROFIT FOOD SERVICE PERMIT

The undersigned hereby applies for a permit to operate a Temporary Non-Profit Food Service Establishment pursuant to the O.C.G.A.§26-2-390 thru 26-2-393. Complete and forward this application along proof of non-profit status to the City of Tifton. Proof of tax exempt status is not needed if participating in an event hosted by the city/county or non-profit organization.

PLEASE PRINT CLEARLY

EVENT INFORMATION

Name of Non-Profit Event: Rhythm & Ribs BBQ Festival 2027

Location of Non-Profit Event: Fulwood Park, Tifton, GA
(Depending on the location, written permission from the property owner may be necessary.)

Event Beginning Date: March 5, 2027 Event Ending Date: March 6, 2027

VENDOR INFORMATION

Name of Food Vendor: _____

Applicant/Owner: _____

Owner Mailing Address: _____

City, State, Zip _____

TO BE COMPLETED BY CITY STAFF

Permit Number: _____ ☐ Approved ☐ Denied

Notes: _____

Issued By: _____ Date: _____

Name of Food Vendor: _____

Telephone Number: _____

Email Address: _____

Food Preparation Location: _____On-Site _____Approved Off-Site Location

Attach Food Service Permit or Department of Agriculture Permit if food is not prepared at event

Food being served: (attach menu if needed) _____

_____

_____

Food Sources (where food purchased): _____

_____

Type of Overhead Protection (minimum is a tent): _____

_____

How will food be transported to cook/serve area? _____

_____

_____

How will food be kept cold (45° F or below) till served or cooked? _____

_____

_____

How will food be kept hot (135° F or above) till served? _____

_____

_____

Are thermometers available to insure proper temperature of food?_____Yes _____ No

Explain how hand washing facility will be set up at this location (**hand sanitizer is not a substitute for hand washing**)?

_____

_____

_____

Explain how equipment, utensils, & dishes will be washed and sanitized at this location?

_____

_____

_____

Explain procedures for eliminating bare hand contact with cooked food and ready-to-eat food?

_____

_____

Additional Food Safety Requirements (Initial Each)

_____ All condiments and single service items such as knives, forks, spoons, & strawsshall be commercially wrapped

_____ All food workers are required to restrain hair longer than ½ inch with hair nets,cap, scarf, etc.

_____ All food workers must wear disposable gloves at all times.

_____ Only fully cooked items are allowed. No raw fish, meat, or eggs shall

_____ be soldFood or drinks containing alcohol are not authorized with this permit

_____ At all times, including while being stored, food and serving containers shall beprotected from contamination

_____ All trash, grease, and liquid waste shall be removed from the vending site andproperly disposed

The undersigned hereby states that the information provided in this application is true and accurate. I further agree to follow all food safety requirements as required in O.C.G.A. § 26-2- 392; and I understand that my vendor site may be inspected at any time to ensure compliance andmay be revoked if found in non-compliance.

Signautre: _____ Date: _____

Owner or Operator: _____

Please return by email to spearmanagency@friendlycity.net