

# SPECIAL EVENT ORGANIZER APPLICATION FOR EXEMPTION STATUS

Fulton County Board of Health  
Environmental Health Services

EVENT INFORMATION

Name: \_\_\_\_\_  
Event Name

Location: \_\_\_\_\_ GA \_\_\_\_\_  
(include Name of Park, etc. and full Address) Street City Zip Code

Duration in Consecutive Hours \_\_\_\_\_ Date Event to Begin \_\_\_\_\_ Date Event to End \_\_\_\_\_  
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ORGANIZER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street Room/Suite City State Zip Code

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_  
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SE EXEMPT SPONSOR

Name: \_\_\_\_\_ Representative: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street Room/Suite City State Zip Code

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax#: \_\_\_\_\_  
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Pursuant to O.C.G.A. §§ 26-2-390 et seq., certain special events are exempt from requirements as set forth in the Fulton County Code of Ordinances and Code of Resolutions, Chapter 34 Health and Sanitation, specifically Food Service-Article V, Drinking Water- Article IV, Sewage Disposal-Article XI and Solid Waste-Article X.

Check the following that apply:

- The event is sponsored by a political subdivision of this state or by an organization exempt from taxes under paragraph (1) of subsection (a) of Code Section 48-7-25 or under Section 501(d) or paragraphs (1) through (8) or paragraph (10) of Section 501(c) of the Internal Revenue Code, as that code is defined in Code Section 48-1-2 (**Submit appropriate Internal Revenue Service document**).
- The event lasts 120 consecutive hours or less.

\* If both boxes are checked and appropriate documentation submitted, the special event is exempt by law from regulation by the Fulton County Department of Health and Wellness (FCDHW). The FCDHW, Environmental Health Services (EHS) Division will not be performing inspections and is not responsible for the assurance of safe food, free public drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event. However, FCDHW is available for providing training in these areas upon request and will respond to complaints.

**Preferred Contact Method:**  Telephone  Email  Fax

\* If both boxes are **not** checked, the Special Events Organizer Package must be completed.

I, \_\_\_\_\_, acknowledge by signing that I am responsible for the assurance of safe food, free drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event.

\_\_\_\_\_  
Organizer Signature Date

\_\_\_\_\_  
SE Exempt Sponsor Representative Signature Date

===== **EHS Use Only** =====

IRS Document attached Control # \_\_\_\_\_ EHS Staff \_\_\_\_\_ Date \_\_\_\_\_

