

## Non-Profit Food Service-Attestation Form

Grant County Health District has reduced food establishment permit fees for non-profit and charitable organizations who wish to prepare and/or serve food to the public. To qualify for the reduced fee, your organization or event must fit into one of the following categories:

(Indica	ate which category appli	es by checking the box, fill i	n and attach appropriate info)	
1.	organized for purpose distributed to its mem	s other than generating prob bers, directors, or officers. T	"charitable": A non-profit org fit and in which no part of the on hese groups have gone through he 501(C) (3) letter must be su	organization's income is th IRS approval and have
	application. If a copy of from IRS website.: http://doi.org/10.1001/1001/1001/1001/1001/1001/1001/		applicant must print out and s	
2.	charitable organization Washington to suppor Secretary of State (SO	n is any individual or entity, ( t a charitable activity. A list o S) website: <a href="https://www.sos">https://www.sos</a> nit copy of documentation f	ary of State as a "charitable or regardless of corporate status of charitable organizations can .wa.gov/charities/search.aspx. rom SOS website.	) that fundraises in be found on the
3.	basis, often to benefit all proceeds from the c time. Applicants in this supporting evidence o	a community member/group event must be donated to the category must <u>describe the</u> f the fundraising event, such	t are organized on an "emerge o, or support other charitable of the charitable cause and all work of proposed event in the space be of as an event flier or other type copy of advertisement/annour	needs in the community; kers must volunteer their pelow and provide event advertisement/
or a re be dor	presentative of a commated. I understand that	nunity group organizing a ch falsely identifying myself, o	oresentative of a non-profit or naritable fundraising event for or organization, as non-profit on noo fine, or both (see RCW 40.	which all proceeds will or charitable could result
	(Sign name)	(Print name)	(Title)	(Date)
Revise	ed 7/19/19			

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