REQUEST FOR BAKE SALE WAIVER
NON-PROFIT ORGANIZATION TEMPORARY FOOD SERVICE ESTABLISHMENT
PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR SANITARIAN’S OFFICE AT LEAST TWO (2) WEEKS BEFORE YOUR EVENT OR FUNCTION.

GENERAL INFORMATION

Organization Name ____________________________________________________________
Contact Name ___________________________________________ Phone ______________
Mailing Address ___________________________________________ Zip ______________
Event Name ___________________________________________________________________
Location Address ___________________________________________________________
Date(s) ________________________________________________________________

I certify that the above named organization is non-profit qualifies as a tax-exempt organization under 26 U.S.C. 501 and agrees to comply with the following conditions to qualify for waiver:

A. Vendors register with the health department as required by law
B. Events are no more three (3) days long
C. Vendors maintain a list of home bakers and items they donate to the event
D. Vendors allow no participation of persons with any communicable disease transmissible by food
E. Vendors must distribute handouts provided by the health department to all home bakers before food preparation and on-site food handlers
F. Vendors prohibit direct hand to food contact to ready-to-eat foods
G. Vendors limit the type of homemade food sold or offered to the following:
   - Cookies, cakes, and/or breads
   - Fruit pies
   - Preserves (see MCA 50-50-103)
   - Popcorn
   - Prepackage food items (candy, water, soda, juice, etc)
   - Coffee, tea
   - Other: ____________________________

Our bake sale will include only the items marked above.

Note: Prohibited items include any potentially hazardous foods, including, but not limited to cream or whipped cream, custard or meringue fillings or toppings, and frostings made with uncooked eggs.

Signature _____________________________ Date ___________________________

Approval for this event given on _____/_____/_____ by ______________________________
   (Date)                        (Sanitarian)
LIST THE DATE, NAME, AND PLACE OF THE EVENTS YOU WILL WORK. MORE THAN 13 EVENTS/DATES REQUIRES YOUR GROUP TO LICENSE WITH THE STATE OF MONTANA.

DATE/PLACE/EVENT:

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

9. 

10. 

11. 

12. 

13. 

Providing quality public health services to ensure the conditions for a healthy community.
REQUIREDA BAKE SALE INFORMATION
MAINTAIN FOR HEALTH DEPARTMENT
(KEEP ON SITE)

EVENT ______________________________ DATE(S) ________________________________

(Events lasting more than 13 days will require a Temporary Food Service license)

SPONSORING ORGANIZATION ________________________________________________

CONTACT PERSON __________________________ PHONE _____________________

LIST OF CONTRIBUTORS AND ITEMS BROUGHT

CONTRIBUTOR PHONE ITEMS (QUANTITY/DESCRIPTION)
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

NOTE: Prohibited ingredients include cream or whipped cream, custard or meringue fillings or toppings. Frostings made with uncooked eggs are prohibited.
Homemade foods sold or offered at Bake Sales are limited to the following:
Candies, Cookies, Cakes, Cupcakes, Breads, Fruit Pies, Fruit Preserves, Popcorn, Coffee, Tea, Juice and Fruit Drinks and Pop

PLEASE NOTE THE FOLLOWING ITEMS WHICH ARE NOT ALLOWED
CREAM, WHIPPED CREAM, CUSTARD OR MERINGUE FILLINGS OR TOPPINGS,
(i.e., PUMPKIN PIES, BANANA CREAM PIES, CHOCOLATE CREAM PIES).
FROSTINGS MADE WITH UNCOOKED EGGS ARE ALSO PROHIBITED.

SAFE FOOD HANDLING
1. Use only ingredients which are wholesome, free of spoilage and come from licensed sources (stores).
2. Keep eggs and dairy ingredients refrigerated until used.
3. Clean and sanitize food preparation surfaces, utensils and equipment before beginning work.
   (A sanitizing solution of 1 tablespoon bleach to 1 gallon of water may be used).
4. Do not prepare or serve food when ill with respiratory illnesses, infected wounds, boils, diarrhea or gastrointestinal illness.
5. Maintain good personal hygiene by observing the following:
   • Wash hands thoroughly with soap and running water. Dry hands with a paper towel. Repeat hand
     washing upon returning to the kitchen after using the toilet, smoking, touching pets, eating, or
     handling raw meat products.
   • Wear effective hair restraints to keep loose hair from falling into food.
   • Do not smoke or eat in the food preparation area during food preparation.
6. Use and store all toxic chemicals, cleaners, insect sprays, etc., in a way which will not
   contaminate the food preparation area or food contact surfaces.
7. Limit non-essential person traffic in the food preparation area during food preparation.
8. Do not allow any pets and limit pests in the food preparation area during food preparation.
9. Use gloves or utensils to handle goods after baking and to handle ice.
10. Whenever possible, wrap baked goods in individual servings for sale to the public.

For additional information contact Flathead County Sanitarian at 406-751-8130