

Donated Food Distributing Organization (DFDO) Questionnaire

Our records indicate that your establishment may qualify as a Donated Food Distributing Organization (DFDO). This category allows qualifying non-profit organizations to operate exempt from permit. To qualify as a DFDO, an establishment must be a charitable non-profit organization under Section 501(c) of the federal Internal Revenue Code and must distribute all food free of charge to the needy.

Please complete this questionnaire and return it to our office with any required supplemental materials. If, after review, we determine that your organization qualifies as a DFDO, we will issue an approval letter notifying you of your exempt status. If this is your initial submittal, or there have been changes since your previous approval, the following items must accompany the questionnaire: 1) Floor plan showing all sinks and equipment; 2) Equipment list with make and model number for each item; and 3) Food menu with food preparation steps for all menu items.

An administrative fee as approved by the Board of Health is required to process the questionnaire. Please include payment with this completed questionnaire of \$60.00

Name of Establishment/Organization:		
Address:		
Contact person:		
Phone #:		
Email:		
Please provide the dates, times and loc	cations of food preparation and service:	
Please provide a description below and	d diagram on a separate piece of paper of	of your food distribution location
Please describe the population served	by your actablishment:	
Please describe the population served	by your establishment.	
Please provide the source(s) of the foo	d that is distributed:	
	f 10	
Does your establishment charge for the) food?	
□ No □ Yes		
Is your establishment a charitable non- (this is REQUIRED)	profit organization under Section 501(c)	of the federal Internal Revenue Code?
☐ Yes – attach supporting document	ation.	
y signing this form, you attest to the accu sotin County Public Health District acces		that you will comply with WAC 246-215, and will allow s specified in WAC 246-215.
ignature	Printed Name	 Date