Austin Public Health
Environmental Health Services

P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Customer Portal, online submissions:
https://myhealthdepartment.com/aph
**Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

# Charitable Feeding Organization (CFO) Third Party Waiver Contract

The purpose of this document is to verify that an agreement exists between the Charitable Feeding Organization and the third-party event organizer which allows the organizer to plan the event, charge an attendance fee or other fees, and qualify for the CFO Temporary Event registration/permit waiver according to City of Austin Charitable Feeding Organization Ordinance 10-3-100. Under the terms of this agreement the CFO Temporary Event must adhere to the following requirements:

- **Maintain** a current & valid CFO registration or permit for the main establishment of the organization.
- **Must** have an approved 501(c) Exemption from the IRS under the CFO name that matches the City of Austin CFO registration or permit.
- **Provide** documentation and receipts of proceeds and costs incurred to document 100% of profits goes to the CFO.

I _____ have read and understand the items of responsibility listed
CFO Responsible Party

above and agree to comply with all of the requirements. I give permission to _____
Temporary Event Third-party Organizer (Print)

of _____ to use my 501(c) Exemption eligibility status, _____
Temporary Event Company (Print) Name of CFO (Print)

for the event on _____ located at _____.
Date Address of CFO Temporary Event (Print)

**Signature:** _____ **Date:** _____
*Signature of Charitable Feeding Organization Owner or Responsible Party* *MM/DD/YYYY*

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## Notary Verification for Austin/Travis County

Other jurisdictions: Complete Next Form

Before me on this date, _____, personally appeared, _____,
MM/DD/YYYY Charitable Feeding Organization Owner or Responsible Party (Print)

owner or responsible party of, _____, known to me (or proven to me)
Name of Charitable Feeding Organization (Print)

to be the person whose name is subscribed to the above "Charitable Feeding Organization Contract."

**Name of Notary:** _____ **Expiration:** _____
Name of Notary Public, State of Texas (Print) Notary Commission Expires (MM/DD/YYYY)

**Notary Signature:** _____ **Notary Seal:** _____
Ink Stamp Only