

LEE COUNTY

NORTH CAROLINA

Committed Today for a Better Tomorrow

Limited Food Service Application

PERMIT REQUESTED BY: _____ DATE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

TYPE OF:

WATER SUPPLY: MUNICIPAL/WELL

TYPE OF SEWAGE DISPOSAL: ONSITE/SEWER

PERSON RESPONSIBLE FOR FACILITY: _____

ADDRESS _____

EMAIL ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

FACILITY ADDRESS: _____

PHONE IF APPLICABLE: _____ HOT WATER HEATER SIZE _____

PROPOSED MENU:

DATES OF OPERATION: _____ TO _____

* PERMIT FOR LIMITED FOODSERVICE ESTABLISHMENTS SHALL BE VALID FOR ONE YEAR
MAXIMUM 9 JANUARY 1 TO DECEMBER 31). ALL LFSE PERMITS WILL EXPIRE ON DECEMBER 31
OF EACH YEAR.

*A PERMIT WILL NOT BE ISSUED WITHOUT A SCHEDULE

SIGNATURE OF APPLICANT: _____



Lee County Environmental Health

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Promoting better health and a safe environment for all Lee County residents