

Limited Food Service Application

PERMIT REQESTED BY: _		DATE:	
ADDRESS:			
EMAIL ADDRESS:			
PHONE: (HOME)	(CELL)	(WORK)	
TYPE OF: WATER SUPPLY: MUNICIPAL/W	ELL TYPE	OF SEWAGE DISPOSAL: ONSITE/SEW	ER
PERSON RESPONSIBLE FOR F	ACILITY:		
ADDRESS			
EMAIL ADDRESS:			
		(WORK)	
FACILITY ADDRESS:			
PHONE IF APPLICABLE:PROPOSED MENU:		HOT WATER HEATER SIZE	_
DATES OF OPERATION:		TO	
	MBER 31). ALL LFS	ENTS SHALL BE VALID FOR ONE YEAR E PERMITS WILL EXPIRE ON DECEMBER 3 OULE	1
SIGNATURE OF APPLICAL	NT:		



Lee County Environmental Health

 $900~Woodland~Avenue,~Sanford,~NC~27331\\ Phone~919-718-4641~-~Fax~919-718-4636\\ \textit{Promoting better health and a safe environment for all Lee County residents}$