

Henderson County Department of Public Health Limited Food Service Establishment Permit Application

This application must be completed and submitted to the Henderson County Department of Public Health (HCDPH) to provide information about all food preparation and sales to the public in conjunction with amateur athletic events within Henderson County. This Limited Food Service Establishment (LFSE) permit application must be submitted **no later than 30 days prior to construction or commencing operation**. Please also note:

- No food preparation shall occur prior to receiving a permit from HCDPH.
- LFSE permits shall be issued only to political subdivisions of the State*, establishments operated by volunteers that prepare or serve food in conjunction with amateur athletic events, or operated by organization that are exempt from federal income tax under sections 501(c)(3)* or 501(c)(4)* of the Internal Revenue Code. Documentation indicating your organization's qualifications to receive an LFSE permit must be submitted with this application.
- All LFSE permits shall expire on December 31 of each year.

1) Name of Facility: _____

2) Address of Facility _____
Street City NC State Zip

3) Name of Permittee: _____ Day-Time Phone: _____

4) Permittee Email: _____

5) Mailing Address: _____
Street City NC State Zip

6) Dates of Operation: _____

7) Name of Amateur Athletic Organization*: _____

8) Source of Water for LFSE: Public Water On-site Private Well (Requires Testing by HCDPH) 9) Waste Water System for LFSE: Public Sewage On-site Septic System

10) As of September 1, 2012, the permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy? Yes No

11) Has/have the designated person(s) in charge of the LFSE completed an ANSI-accredited, certified food protection managers' course? Yes No

12) Provide a complete list, in the chart below, of menu items to be prepared at the LFSE:

Food Item	Method of Preparation	Food Item	Method of Preparation

13) Attach plans or a sketch illustrating the specifications and equipment for the proposed LFSE.

I certify that the information on this application is complete and accurate. I understand that any changes to my operation must be submitted to the Henderson County Department of Public Health for review and approval prior to the day of the event.

**Permittee Signature: _____ Date: _____

**This application must be submitted with the corresponding plans and specifications to:
Henderson County Department of Public Health
1200 Spartanburg Hwy., Suite 100, Hendersonville, NC • 28792 • (828) 694-6060**