

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County
157 Health Services Rd
P.O. Box 309 (Mailing)
Sparta, NC 28675
336-372-8813 (phone)
336-372-7792 (fax)

Ashe County
316 Cherry Dr
P.O. Box 208 (Mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County
126 Poplar Grove Connector
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

LIMITED FOOD ESTABLISHMENT APPLICATION

Existing Operation

New Permit *

Dates of Operation: ___/___/___ to ___/___/___ or Calendar Schedule Attached

Name of LFE: _____ Phone #: _____

Physical Address: _____
Street City State Zip

Name of Operator/Club: _____

Billing Address: _____
Street/ P.O Box City State Zip

Contact Name: _____

Contact Phone #: _____ Cell Phone/Pager#: _____

Fax #: _____ Email: _____

Type of Water Supply: Public Water Private Well Type of Sewer: Municipal Septic

Will any outdoor cooking be performed? Yes * No

*If yes, please note that a separate permit may be required - consult with Health Department. Facility must comply with 15A NCAC 18A .2664 Supplemental Cooking Rooms of the NC Rules Governing Food Protection and Sanitation of Food Establishments.

Please list the menu below or attach a separate sheet (if purchasing food pre-made such as pizza or chicken sandwiches, please list the restaurant) :

Limited Food Establishments (Concession Stands) must submit an application to the Health Department 30 days before commencing operation per 15A NCAC 18A .2674(2). A new permit from the regulatory authority shall be obtained before the limited food establishment shall be allowed to operate each year. *New Limited Food Establishments must also submit plans and specifications of equipment. A \$75 fee must be submitted along with this application.

Name of Person Completing Form: _____ Date: _____

Title: _____ Signature: _____

Requirements can be found at: <http://www.deh.enr.state.nc.us/rules.htm>

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