



HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Lena H. Jones, MPA • Health Director

Parcel Id #: _____

Permit #: _____

Limited Food Service Establishment Permit Application

Limited Food Service Establishment (LFSE) permit application and fee payment should be submitted **no later than 30 days prior to construction or commencing operation.**

SUBMITTAL REQUIREMENTS: (submittals accepted via email or in person)

1. Completed Application
2. Proposed menu
3. Operation schedule/sporting event schedule
4. Attach plans or a sketch illustrating the specifications and equipment for the proposed LFSE. **(New construction only or if requested by Health Department)**
5. After the application is received by this department, your invoice for fee payment will be sent
6. **Fee: \$75.00** - Fee Payment Methods:
 1. To pay by phone using card call 704-736-8426 with your Parcel Id or Permit #
 2. To pay in person using card, check or cash go to 115 W. Main St. 1st floor with your Parcel Id or Permit #
7. Call 704-736-8426 to inform the Environmental Health Department that your fee is paid

FURTHER INSTRUCTION:

8. 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 organizations 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.
9. No food preparation shall occur prior to obtaining a permit from this department.
10. Limited food service establishments also include lodging facilities that serve only reheated foods that are pre-packaged.
11. All LFSE permits shall expire one year after the permit issuance date.

*Political subdivisions of the State are local governments created by the states to help fulfill their obligations. Political subdivisions include counties, cities, towns, villages, and special districts such as school districts, water districts, park districts, and airport districts.

Facility Type (Please Mark ☒ Applicable Facility Type):

☐ Amateur Athletic Event

☐ Lodging Facility



o. 704.736.8426



f. 704.736.4553



lincolncounty.org



115 West Main St. | Lincolnton, NC 28092

☐ **Other** (Please note only facilities that meet the above pre-qualifications will be evaluated for a LFSE permit)

1) Name of Facility: _____

2) Address of Facility:

Street City NC Zip

3) Name of Permittee: _____

4) Day-Time Phone: _____ Alt Phone: _____

5) Permittee Email: _____

6) Mailing Address: _____ NC _____
Street City Zip

7) Name of Amateur Athletic Organization, if applicable*: _____

8) Source of Water for LFSE:
Public Water On-site Private Well (Requires Testing Annually)

9) Waste Water System for LFSE:
Public Sewage On-site Septic System

10) 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 in Charge of the LFSE completed an ANSI-accredited, certified food protection managers' course?
Yes No

12) Will outdoor cooking be utilized in accordance with .2669 (b) (Outdoor cooking provided with overhead protection)? * **Be advised food preparation and service must be conducted inside the establishment only.**
Yes* No

13) Dates of Operation: **(attach a complete schedule of operation dates and times)**

14) Attach a complete list of Menu Items to be prepared at the LFSE, include the method of preparation for each food item

Food Item:	Method of Preparation:
<i>Example: Hot Dog</i>	<i>Heated on a roller grill</i>
<i>Example: Canned gravy</i>	<i>Heat in microwave and serve</i>

Applicant Signed: _____

Applicant Signature: _____ Date: _____

Submit this application with the corresponding plans and specifications to:
Lincoln County Department of Environmental Health, 115 W. Main St., Lincolnton, NC 28092
Phone: (704) 736-8426