

LIMITED FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. The permit application and \$75.00 shall be submitted to the local health department at least four weeks prior to construction or commencement of operation. (Make sure to complete and return all pages). For more information, call (336)-651-7530.

AMATEUR ATHLETIC

Event Name: _____

Location: _____

Set-Up Date and Time: _____

Dates of Operation: (Beginning) ____ / ____ / ____ Time: _____

(Ending) ____ / ____ / ____ Time: _____

RESPONSIBLE PARTY

Organization / Business Name: _____

Contact Name: _____

Phone: (_____-_____-_____) Fax: (_____-_____-_____) _____

Address: _____

City: _____ State: _____ Zip: _____

****MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED***

Applicant's Signature: _____

Environmental Health Specialist Signature: _____

CONTACT:

**Wilkes County Health Department
Division of Environmental Health
Phone: (336)-651-7530
Fax: (336)-651-7562**

PLEASE LIST ALL FOODS TO BE SERVED.
(The Health Department reserves the right to limit the menu)

INCLUDE HOW YOU PLAN TO KEEP POTENTIALLY HAZARDOUS FOOD HOT (135 °F or greater) OR COLD (41°F or less).

Food Item	Where Prepared	*Cooking Procedures	<i>Supplier Information</i>

*** Cooking Procedures (i.e. deep fry, propane, microwave, stove, oven, grill, etc.)**
Indicate temperature control method (i.e. refrigeration, cookers, hot holding, etc.)
Attach additional sheets if necessary!