

MACON COUNTY PUBLIC HEALTH CENTER
1830 LAKESIDE DRIVE
FRANKLIN, NC 28734
PHONE: 828 349-2490 FAX: 828 349-4136

APPLICATION FOR LIMITED FOOD SERVICE ESTABLISHMENT PERMIT

*****Limited Food Service Establishment 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 for establishments operated by organizations that are exempt from federal income tax under section 501 (C) (3) or section 510 (C) (4) of the Internal Revenue Code.

Name of Facility_____

Location_____

Mailing Address (if different from location)_____

Proposed Starting Date_____

Dates of operation (if specific dates are not known, show months of operation)_____

Sponsoring Group or Organization_____

Person in Charge_____ Phone #_____

Phone Number_____

Facility is: Existing_____ New Construction_____ *Plans must be submitted

****A COPY OF THE MENU MUST BE ATTACHED****

WATER: City_____ On-site water system_____ Existing grease trap? _____ Yes _____ No

SEWAGE: City_____ On-site septic system_____ Year installed_____

Owner at the time in installation_____

(Date)

(Signature of Applicant)

FOR HEALTH DEPARTMENT USE

Application received_____ By_____
(Date)

ESTABLISHMENT ID NUMBER ASSIGNED_____

COPY OF APPLICABLE RULES MAILED OR GIVEN _____ YES _____ NO