



TOE RIVER HEALTH DISTRICT
Avery & Mitchell County
Health Departments



Limited Food Service Establishment Permit Application

This application must be completed and submitted to the Toe River Health District along with \$75.00 Fee (NO REFUNDS) to provide information about all food preparation and sales to the public in conjunction with amateur athletic events within Avery/Mitchell Counties. 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 Toe River Health District.
LFSE permits shall be issued only to 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.
All LFSE permits shall expire in exactly one year from the date issued.

1) Name of Facility: _____

2) Address of Facility: _____
Street City State Zip

3) Permittee: _____ Day-Time Phone: _____

4) Permittee Email: _____

5) Mailing Address: _____
Street City 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 TRHD)

9) Wastewater 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.

11) Provide a complete list, in the chart below, of Menu Items to be prepared at the LFSE:

Table with 4 columns: Food Item, Method of Preparation, Food Item, Method Preparation. Contains 5 empty rows for data entry.

12) Attach plans or sketches 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 Toe River Health District for review and approval prior to the day of the event:

Permittee Signature: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: AVERY OR MITCHELL COUNTY HEALTH DEPARTMENT