

**BUNCOMBE COUNTY
DEPARTMENT OF HEALTH**

LIMITED FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

This application must be completed and submitted to the Buncombe County Department of Health to provide information about all food preparation and sales to the public in conjunction with amateur athletic events within Buncombe County. 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 Buncombe County Department of Health
- 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.**
- All LFSE permits shall expire on December 31 of each year.

1) Name of Facility: _____

2) Address of Facility: _____
 Street City State Zip

3) Name of Permittee: _____ Day-Time Phone: _____

4) Permittee Email: _____

5) Mailing Address: _____

6) Dates of Operation: _____

7) Name of Amateur Athletic Organization*: _____

8) Source of Water for LFSE: **Please Circle** 9) Waste Water System for LFSE: **Please Circle**
 Public Water On-site Private Well (Requires Testing by BCDH) Public Sewage On-site Septic System

10) As of September 1, 2012, 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) Provide a complete list, in the chart below, of Menu Items to be prepared at the LFSE:

Food Item	Method of Preparation	Food Item	Method of Preparation

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 Buncombe County Department of Health for review and approval prior to the day of the event:

Permittee Signature: _____ Date: _____

