Lincoln County Environmental Health
115 W. Main Street
Lincolnton, NC 28092
PHONE: 704-736-8426
FAX: 704-736-8427

Limited Food Service Establishment Permit Application

This Limited Food Service Establishment (LFSE) permit application and fee payment must be submitted **no later than 30 days prior to construction or commencing operation**. Please also note:

- **Fee: $75.00**
- No food preparation shall occur prior to receiving a permit from this department.
- 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.
- Limited food service establishments also includes lodging facilities that serve only reheated food that has already been pre-cooked
- All LFSE permits shall expire on December 31 of each year.

*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**

☐ **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: _____NC_____
Street City 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*: _____

MISSION STATEMENT

The Lincoln County Health Department provides quality health services to promote a healthy community.

VISION STATEMENT

Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.

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

13) Attach plans or a sketch illustrating the specifications and equipment for the proposed LFSE. (**New construction only)**

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:**
Example: Hot Dog	*Heated on a roller grill*
Example: Canned gravy	*Heat in microwave and serve*

Applicant Signature:_____Date: _____

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