

**Jackson County Department of Public Health
Environmental Health - (828) 587-8250
Limited Food Service Establishment (LFSE) Permit Application**

Permit Guidelines and Reminders:

1. A permit application and all required attachments **MUST** be submitted to the local health department at least **30 days prior** to construction or commencement of an operation.
2. LFSE permits **expire** on December 31st of **each year**. A new permit **MUST** be obtained to continue an operation into the New Year.
3. 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, and lodging facilities that serve food that has already been pre-cooked and only requires reheating.
4. The LFSE shall comply with 15A NCAC 18A .2674, Rules Governing the Sanitation of Food Service Establishments and also the North Carolina Food Code Manual 2009.
5. The LFSE shall not prepare any potentially hazardous food (time/temperature control for safety food) at home or prior to the day of sale.
6. Any potentially hazardous food (time/temperature control for safety) that has been heat treated at the LFSE and remains at the end of the day shall **NOT** be served or placed in refrigeration to be used another day.
7. **ALL** meats, poultry and fish shall be purchased in a pre-portioned and ready-to-cook form.
8. Equipment in the LFSE that is not certified or classified for sanitation by an ANSI-certified accredited certificate program that is in good repair and operating properly may be used. **MUST** have at-least a two-compartment sink of sufficient size to submerge, wash, rinse, and sanitize utensils and shall have splash-back protection. Also, at-least- one drain-board, table, or counter space shall be provided.
9. **ONLY** single-service articles may be used for customers. (i.e. paper plates, plastic cutlery, etc.)
10. A sink for Handwashing shall be provided. This sink may have **NO** other use other than hand-washing.
11. Toilet facilities **MUST** be provided for use by employees. Public toilet facilities provided on the grounds of the facility where the associated amateur athletic event is taking place are acceptable. Toilet facilities for the public are not required.
12. The submission of this application does not indicate compliance with the fire code or any other law or regulation that may be required. This application does not guarantee acceptance of the completed structure and related equipment. A permitting inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with state laws governing a LFSE.

You may obtain a copy of the Rules Governing the Sanitation of Restaurants and Other Food-handling Establishments and the North Carolina Food Code at <https://ehs.ncpublichealth.com/rules.htm>.

***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.**

For Health Department Use Only	
Date Application Received: _____	By: _____
Establishment ID Number Assigned: _____	
Assigned REHS: _____	Date Permit Issued: _____

Limited Food Service Establishment Permit Application

Name of Facility: [Click here to enter text.](#)

Address of Facility: [Click here to enter text.](#) (Street, City, State, Zip)

Mailing Address (if different from address of facility): [Click here to enter text.](#) (State, City, State, Zip)

Name of Permittee: [Click here to enter text.](#) Telephone: [Click here to enter text.](#)

Emergency Contact: [Click here to enter text.](#) Telephone: [Click here to enter text.](#)

Permittee E-mail: [Click here to enter text.](#)

Permittee Mailing Address: [Click here to enter text.](#)

Name of Person-in-Charge (if different from Permittee): [Click here to enter text.](#)

Dates of Operation: [Click here to enter text.](#)

Facility Type: Amateur Athletic Event Lodging Facility Other (meets above pre-qualifications)

Sponsoring Group or Organization:

Facility: Existing New Construction (Plans must be Submitted)

Water: Municipal On-Site Water System **Existing Grease Trap?** Yes No

Sewage: Municipal On-Site Septic System **If On-Site, Year Installed:** [Click here to enter text.](#)

Owner at Time of Installation: [Click here to enter text.](#)

As of September 01, 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 (Provide a copy) No

Has/have the designated Person-in-Charge of the LFSE completed an ANSI-accredited, certified food protection managers' course?

Yes No *If Yes, Date of Completion:* [Click here to enter text.](#)

****Attach Plans and/or sketch illustrating specifications of the area and placement of equipment for the proposed LFSE. (For new construction only).***

****Attach a Proposed schedule. (Required every year).***

****Attach a complete list of menu items to be prepared at the LFSE and include the method of preparation for each food item. (If no change from prior year and menu is on file at Health department, not required).***

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 Jackson County Department of Public Health for review and written approval prior to commencing the changes

Applicant Signature: _____ Date: _____