



Wilson County Health Department

1801 Glendale Drive SW • Wilson, NC 27893-4401 • Phone 252.237.3141

Limited Food Establishment

Limited Food Service Establishment (LFSE) permit application must be completed and submitted to Wilson County Health Department (WCHD). Applications must be submitted **no later than 30 days prior** to the event.

Please Note:

1. A fee of **\$75.00** will be required.
2. All LFSE permits expire one year from the date of issuance and must be renewed after 365 calendar days.
3. No food preparation shall occur prior to receiving a permit from Craven County Health Department (CCHC).
4. LFE 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 undersections 501(c)(3) or 501(c)(4) of the Internal Revenue Code.

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1. Please Mark Applicable Facility: Amateur Athletic Event Other: _____
 2. Name of Food Service: _____
 3. Organization/Agency: _____
 4. Physical Address: _____
Street City State Zip Code
 5. Permittee Name: _____ Day-Time Phone #: _____
 6. Email Address: _____
 7. Mailing Address: _____
Street City State Zip Code
 8. Name of Person in Charge: _____ Cell: _____
 9. Email Address: _____

Please note: If this permit is for school athletic food sales, we request a schedule of all games, including the time the concession will open on that date.

1. Check the appropriate box:

- a. **Water**
- Public Water
- On-site Private Well

(Requires testing by WCHD prior to even or backup water supply source)

- b. **Wastewater**
- Public Sewage
- On-site Septic System

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OFFICE USE ONLY

Fee: \$75.00 Date Received: _____ Receipt #: _____

Comments:



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- 2. Will time be used to control food that is held out of temperature? (ex. Pizza) Yes No
 - a. If yes, additional information is required.
- 3. 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
 - a. If no, NCDHHS Employee Health Policy and Vomit-Diarrhea Clean-up plan will be provided.
- 4. Has/Have the designated Person in Charge completed an ANASI-accredited, Certified Food Protection Managers' Course? Yes No
- 5. Attach a drawing of your food service area. Identify and describe all equipment, including cooling, hot holding, and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, single service storage, garbage containers and customer service areas.
- 6. Provide a complete list of all food/menu items in the chart below, including ice (purchased or made on-site): *Attach additional sheets if needed*

Food/Menu Items & Ingredients	Source of Food	Method of Preparation	Food/Menu Items & Ingredients	Source of Food	Method of Preparation
Ex: hotdogs	Fred's Food Club	Heated on roller grill	Ex: Chili	Wal-mart	Heated in crock-pot

I certify that the information in this application is complete and accurate, and we will adhere to NCDHHS regulations.
 Applicant (full name, print): _____

Applicant Signature: _____ Date: _____

15 A NCAC 18A .2674 Limited Food Establishments <https://ehs.dph.ncdhhs.gov/docs/rules/294306-26-2600.pdf>