

**Burke County Environmental Health  
110 N. Green Street  
Morganton, NC 28655  
828-764-9240**

**APPLICATION FOR LIMITED FOOD SERVICE ESTABLISHMENT**

**\*\*Please attach a copy of all scheduled home game dates\*\***

1. Name of Facility: \_\_\_\_\_

2. Location of Facility: \_\_\_\_\_

3. Name of Operator: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Telephone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

6. Organization: \_\_\_\_\_

7. Mailing Address: \_\_\_\_\_

8. Water Source:    \_\_\_ Municipal       \_\_\_ Well

9. Sewage Disposal: \_\_\_ Municipal       \_\_\_ Well

10. Dates of Operation:

Opening Date: \_\_\_\_\_ (MM/DD/YY)

Closing Date: \_\_\_\_\_ (MM/DD/YY)

**\*Limited food establishments shall not prepare any potentially hazardous food prior to date of sale.**

**\*Potentially hazardous food that has been heated at the limited food establishment and remains at the end of the day shall not be served or placed in refrigeration to be used another day.**

**\*All meats, poultry, and fish shall be purchased in a pre-portioned and ready-to-cook form.**

**\*Only single-service articles shall be used.**

**\*Permits issued for Limited Food Service Establishments expire on December 31<sup>st</sup> of each year. An "Application for Limited Food Service Establishment" must be submitted to Burke County Environmental Health at least 30 days prior to commencement of operation. A NEW permit to operate shall be obtained before the limited food service establishment shall be allowed to operate each year.**

**11. Please list the foods that the Limited Food Service Establishment will be preparing/serving.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Provide a detailed drawing of the Limited Food Service Establishment set-up in the space provided. Please include all equipment.**

**12. Signature of Applicant:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_