

APPLICATION FOR LIMITED FOOD SERVICE ESTABLISHMENT PERMIT

*****Limited Food Service Establishment 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 for establishments operated by organizations that are exempt from federal income tax under section 501 (C) (3) or section 510 (C) (4) of the Internal Revenue Code.



Macon County
Public Health

Name of Facility _____

Location _____

Mailing Address (if different from location) _____

Proposed Starting Date _____

Dates of operation (if specific dates are not known, show months of operation) _____

Sponsoring Group or Organization _____

Person in Charge _____ Phone _____

Facility is: Existing _____ New Construction _____ *Plans must be submitted

****A COPY OF THE MENU MUST BE ATTACHED****

WATER: City _____ On-site water system _____ Existing grease trap? _____ Yes _____ No

SEWAGE: City _____ On-site septic system _____ Year installed _____

Owner at the time in installation _____

(Date)

(Signature of Applicant)

FOR HEALTH DEPARTMENT USE

Application received _____ By _____
(Date)

ESTABLISHMENT ID NUMBER ASSIGNED _____

COPY OF APPLICABLE RULES MAILED OR GIVEN _____ YES _____ NO