



Davie County Health Department Environmental Health Section

P.O. Box 848
210 Hospital Street
Courier # : 09-40-06
Mocksville, NC 27028



Phone: (336) - 753 - 6780

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Limited Food Service Application

PERMIT REQUESTED BY: _____ DATE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

TYPE OF:
WATER SUPPLY _____ TYPE OF SEWAGE DISPOSAL: _____
MUNICIPAL/WELL _____ ONSITE/SEWER _____

PERSON RESPONSIBLE FOR FACILITY: _____

ADDRESS _____

EMAIL ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

FACILITY ADDRESS: _____

PHONE IF APPLICABLE: _____ HOT WATER HEATER SIZE _____

PROPOSED MENU:

DATES OF OPERATION: _____ TO _____

*NOTE PERMIT FOR LIMITED FOODSERVICE ESTABLISHMENTS SHALL BE VALID FOR ONE YEAR MAXIMUM 9JANUARY 1 TO DECEMBER 31). ALL LFSE PERMITS WILL EXPIRE ON DECEMBER 31 OF EACH YEAR.

SIGNATURE OF APPLICANT: _____