APPLICATION FOR ANNUAL SEAFOOD SALES PERMIT

Craven County
Health Department
WORKING TOGETHER FOR YOUR HEALTH

Initial Permit ____ **Renewal** ____

Owner Name: _____

Owner Address: _____

_____

Owner Phone: _____

Name of Establishment: _____

Days/Hours of Operation: _____

Establishment Address (if Market): _____

_____

Operating Location (if Seafood Sales Vehicle): _____

_____

Products to be sold (check all that apply):

Crustacea: ____ Shellstock: ____ Cooked Crustacea: ____ Shellfish: ____

Finfish: ____ Other: _____

Seafood Purchased from: _____

_____

NOTE: Records disclosing the source(s) of seafood must be maintained as required by this ordinance.

Signature of Applicant: _____ **Date:** _____

SEAFOOD VEHICLE

REQUEST FOR PERMISSION TO USE RESTROOM FACILITIES

Name of Facility: _____

Facility Address: _____

_____

Facility Phone: _____

I agree to allow _____ to use my restroom facilities at anytime during the hours of operation for his/her seafood vehicle.

Signature: _____ Title: _____

Date: _____