



Craven County Health Department

Limited Food Establishment Application

This Limited Food Establishment (LFE) permit application must be submitted **no later than 30 days prior to construction or commencing operation**. Please also note:

- No food preparation shall occur prior to receiving a permit from Craven County Health Department (CCHC).
- 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 under sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code. Documentation indicating your organization’s qualifications to receive an LFE permit must be submitted with this application.
- Limited food service establishments also includes lodging facilities that serve only reheated food that has already been pre-cooked.
- All LFE permits shall expire on December 31 of each year.
- A fee of \$75 is required for each LFE permit and must be paid with the submission of each LFE application.

*Political subdivisions of the state are local governments created by the states to help fulfill their obligations. Political subdivisions include counties, cities, towns, villages, and special districts such as school districts, water districts, park districts, and airport districts.

Facility Type:

- Amateur Athletic Event
- Lodging Facility
- Other (Please note only facilities that meet the above pre-qualifications will be evaluated for a LFE permit.)

- 1) Name of Establishment: _____
- 2) Address of Establishment: _____

	Street	City	State	Zip Code
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- 3) Name of Permittee: _____ Day-Time Phone #: _____
- 4) Permittee Email: _____
- 5) Mailing Address: _____

	Street	City	State	Zip Code
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- 6) Name of Person in Charge: _____
- 7) Dates of Operation: _____

Amateur Athletic Organizations – attach a copy of all game schedules
- 8) Source of water for LFE:
 - Public Water
 - On-site Private well (requires testing by CCHD)
- 9) Waste Water System for LFE:
 - Public Sewage
 - On-site Septic System
- 10) As of September 1, 2012, the vendor/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
 If you checked “no” you do not have an employee health policy, visit www.cravencountync.gov for a form.
- 11) Has/Have the designated Person in Charge of the LFE completed an ANSI-accredited, certified food protection managers’ course? Yes No
- 12) Attach a drawing of your food service area. Identify and describe all equipment including cooking, hot holding, and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, single service article storage, garbage containers and customer service areas.

Visit www.cravencountync.gov for an example of a drawing.

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13) Provide a complete list of all food/menu items in the chart below and check "Advanced Preparation" if the food/menu item will be prepared prior to the event or check "Prepared at Event" if no advance preparation is needed. Check both "Advanced Preparation" and "Prepared at Event" if food/menu item requires both types of preparation.

Please include all add-ons items such as lettuce, tomato, onion, etc. (example: Hamburgers with cheese, lettuce, tomato, onions).

Potentially Hazardous Food/Menu Items	Method of Preparation	Potentially Hazardous Food/Menu Items	Method of Preparation
Example: <i>Hotdogs</i>	<i>Heated on a roller grill</i>	Example: <i>Chili</i>	<i>Heated in a crockpot</i>

Attach a list if more space is needed.

14) Will time be used to control food that is held out of temperature? Such as pizza. Yes No
 If you checked "no" you do not have an employee health policy, visit www.cravencountync.gov for a form.

I certify that the information in this application is complete and accurate. I understand that:

- *Any changes to my operation must be submitted to the CCHC for review and written approval prior to commencing the changes.*

Applicant Signature: _____ **Date:** _____

Applicant Name (print): _____

Submit this application and permit fee to:
Craven County Health Department, Attention: Environmental Health - LFE Permitting
PO Drawer 12610 New Bern, NC 28561

Office Use Only

Notes: _____

Reviewer: Signature: _____ Date: _____