



JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180

Fax: 919-989-5190

APPLICATION FOR A LIMITED FOOD SERVICE ESTABLISHMENT

Operator (School, Town, etc.): _____

Contact Person: _____ Phone: _____

Address: _____

Email Address of Contact Person: _____

Days and Hours of Operation (please attach a schedule of games): _____

Foods that will be served: _____

***STATEMENT: I hereby certify that the above information is correct, and I fully understand that ANY deviation from the above without prior approval from the Local Health Department may nullify the application.**

Signature of Applicant: _____ Date: _____

A \$75.00 fee is required for each permit issued for a Limited Food Service Establishment. Payment must be received in our office prior to the inspection date. Money will not be taken at the event. The permit expires on December 31st of this year.

Please submit this application and fee at least 7 days prior to opening the concession stand.

The Application can be returned to our office in the following ways:

- Hand delivered to our office at the above listed address
- Mail to the above listed address using USPS, FedEx, UPS or other mail carrier service
- Submitted Electronically to ehapplications@johnstonnc.com

The fee can be submitted:

- Hand delivered to our office with this application
- Mailed in with this application
- Via Phone with a card at (919) 989-5180