

Richmond County Health Department
127 Caroline Street
Rockingham, NC 28379
Phone: (910)997-8300



Richmond County Environmental Health
127 Caroline Street
Rockingham, NC 28379
Phone: (910)997-8320
Fax: (910)997-8372

August 5, 2013

To: Limited Foodservice Establishment Operators

From: Richmond County Health Department, Environmental Health Section

Subject: Fees

Please note that as of August 1, 2013, Richmond County Health Department, Environmental Health Section will be collecting seventy-five dollars (\$75.00) for the limited foodservice establishments permitting, on the local level, instead of being collected by Department of Health of Human Services. All limited foodservice establishments must apply for permitting at least thirty (30) days prior to operation each year. Each limited foodservice establishment permit shall expire on December 31 of each year. Limited foodservice establishment permits are only issued 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 501 (c) (4) of the Internal Revenue Code.

Feel free to contact our office with any questions you may have at, 910-997-8320.



Application for a Limited Foodservice Establishment Permit

Event Information

Name of Special Event _____

Date(s) & Time of Event _____

Event Location _____

A non-refundable fee of \$75 dollars must accompany all Limited Foodservice Establishment applications. Applications must be submitted a minimum of 30 days prior to the scheduled event.

Food Vendor Information

Name of Concession _____

Owner/Contact Person _____

Phone Numbers _____

Cell: _____

Street Address _____

City/State _____ Zip Code _____

Enclosure Type: Trailer _____ Booth _____ Screened Tent _____

Equipment to be used at the event for:

- a.) Cold holding _____
- b.) Hot holding _____
- c.) Cooking _____
- d.) Reheating _____

Water source: On-site municipal supply On-site well

Other _____

Wastewater Disposal: _____

Means for Handwashing: Plumbed sink Gravity flow

Other _____

Must also include soap and paper towels.

**RICHMOND COUNTY
HEALTH DEPARTMENT**

127 Caroline Street Rockingham, NC 28379



Dr. Tommy Jarrell, Health Director

Phone: (910) 997-8300

Fax: (910) 997-8336

E-Mail: tommy.jarrell@richmondnc.com

Website: publichealth.southernregionalahec.org/Richmond

List remaining food and beverages to be served.

_____	_____
_____	_____
_____	_____
_____	_____

EQUIPMENT LAY-OUT

**Please draw an intended layout for your Limited Foodservice Establishment
Draw in the location and identify all equipment including handwashing facilities,
dishwashing facilities, ranges, refrigerator, hot and cold holding equipment, worktables,
food/single service storage, grilles, etc. Indicate how you will protect food and utensils
from flies, dust, dirt, etc.**

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I certify the information in this application is complete and accurate. I understand the RCHD (Richmond County Health Department) does not provide verbal approval of plans or for deviation from approved plans, and that any deviation from the plans and procedures in this application without prior written permission from the RCHD may nullify final approval and result in my not obtaining a permit, or having the permit suspended or revoked after it is issued.

Signature: _____

Date: _____

Requirements for Limited Foodservice Establishments (.2674) can be found at:

<http://ehs.ncpublichealth.com/rules.htm>

Complete this application and mail it to arrive at the Richmond County Health Department **at least 30 days prior to the event date.** Mail to: Richmond County Health Department, Environmental Health Section 127 Caroline Street Rockingham, NC 28379.