



**LEE COUNTY
HEALTH**
Department



Public Health
Prevent. Promote. Protect.

Serving Lee County Since 1947

**LEE COUNTY FOOD ESTABLISHMENT
PERMIT APPLICATION**

**Risk Level – II
MEDIUM - \$175**

NAME OF ESTABLISHMENT: _____

ESTABLISHMENT ADDRESS: _____

(Street) (City) (State) (Zip)

EST. MAILING ADDRESS: _____

(Street) (City) (State) (Zip)

ESTABLISHMENT PHONE: _____ EMAIL: _____

OWNER NAME(S): _____

OWNER MAILING ADDRESS: _____

(Street) (City) (State) (Zip)

OWNER PHONE: _____ EMAIL: _____

MANAGER(S)/PIC: _____

PIC PHONE: _____ EMAIL: _____

WATER SUPPLY: () PUBLIC () PRIVATE (Individual Well – current water test results are to be submitted to LCHD)

WASTEWATER DISPOSAL: () PUBLIC () PRIVATE (Septic System)

HOURS OF OPERATION- LIST HOURS FOR EACH DAY:

HOURS OF	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPERATION							

**PLEASE PROVIDE E-MAIL ADDRESSES THAT ARE MONITORED REGULARLY- WE WILL
SEND OUT VALUABLE INFORMATION VIA E-MAIL IN 2022!**

*** please complete page 2 and sign ***

- OFFICE USE ONLY -

PERMIT ISSUED ON: _____ BY: _____ PERMIT #: _____

Paid by CASH/CHECK/CC (check or Auth#) _____ \$ _____ Date _____



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Certified Food Protection Manager (CFPM) Good for 5 years	Certificate Number	Expiration Date

Food Handler Training Good for 3 years	Certificate Number	Expiration Date

Allergen Training Good for 3 years	Certificate Number	Expiration Date

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT TO OPERATE A FOOD OR BEVERAGE ESTABLISHMENT AND/OR RETAIL FOOD STORE IN THE COUNTY OF LEE.

Signature: _____ **Title:** _____ **Date:** _____