



**LEE COUNTY
HEALTH**
Department



Public Health
Prevent. Promote. Protect.

Serving Lee County Since 1947

**LEE COUNTY FOOD ESTABLISHMENT
PERMIT APPLICATION**

SEASONAL

(15-89 days) **\$100**

High - Med - Low

NAME OF ESTABLISHMENT: _____

COMMISSARY ADDRESS: _____

(Street)

(City)

(State)

(Zip) (County)

MAILING ADDRESS: _____

(Street)

(City)

(State)

(Zip)

ESTABLISHMENT PHONE: _____ EMAIL: _____

OWNER NAME(S): _____

OWNER PHONE: _____ EMAIL: _____

Tax Exempt Number (if applicable): # _____

WATER SUPPLY: () PUBLIC () PRIVATE (Private 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:

Months of operation _____

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

All seasonal vendors must turn in a list of event sites/dates with this application.
Additional sites/dates can be sent in to us monthly throughout the season.

List all potential menu items:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** If you are NOT a Lee County business resident ****

**VENDOR MUST SUPPLY A COPY OF MOST RECENT INSPECTION FOR BOTH COMMISSARY
AND MOBILE UNIT ALONG WITH THIS APPLICATION**

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:** _____

S:/eh/food/annual permit/applications