LEE COUNTY HEALTH Department

Public Health
Prevent. Promote. Protect.
Serving Lee County Since 1947

LEE COUNTY FOOD ESTABLISHMENT PERMIT APPLICATION

Risk Level – II
MEDIUM - $250

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							

** If your business hours change, please contact our office. **

PLEASE PROVIDE E-MAIL ADDRESSES THAT ARE MONITORED REGULARLY- WE WILL SEND OUT VALUABLE INFORMATION VIA E-MAIL IN 2026!

Signature: _____ Title: _____ Date: _____

- OFFICE USE ONLY –

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

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

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