

## APPLICATION FOR PERMIT TO OPERATE A CATERED ELDERLY NUTRITION SITE

(Food prepared off-site)

Name of Facility:		
Address:		
Facility Phone #:		
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Operator of Business:		
Mailing Address:		
Contact Phone #s:		
Email Address:		
Owner of Building:		
Owner of Building.		
Mailing Address:		
Contact Phone #s:		
Please answer the following q	uestions:	
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Is the facility provided with public sewer or an individual septic system?		
Is the facility provided with public water or an individual well?		
How many seats will be provided for dining?		
Do you plan to serve more than a catered lunch meal? (ex. breakfast)		

Will you be providing a garbage dumpster?	_ Or individual trash cans?
Will you be preparing any foods or drinks on-site?	
Please submit the following with the application:	
<ul> <li>Zoning approval</li> <li>Letter of agreement from catering facility to de</li> <li>Floor plan drawn to scale showing location of sink, storage areas, bathrooms, garbage storage</li> <li>List of floor, walls and ceiling finishes in each</li> </ul>	hand sink, utensil sink, refrigerator, mope, etc.
You will be responsible for obtaining approval from inspection departments. Their numbers are included	
ZONING / BUILDING INSPECTION	FIRE MARSHALLS
Shelby 704-484-6805 Kings Mountain 704-734-4599	704-484-6816 704-734-0555
Cleveland County 980-484-4975/4997	704-734-0333
If your business will be located in any jurisdiction oth with your city manager and/or town hall for permitting	-
Proposed Opening Date:	
Date Application Submitted:	
Applicant's Signature:	

Applications can be submitted in person or by mail to:

Cleveland County Permits Office 1333 Fallston Road Shelby, NC 28150