



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health
Office of Food Protection

**APPLICATION TO OPERATE
A LIMITED FROZEN DESSERT STAND – (LFDS)**

PLEASE COMPLETE AND RETURN TO THE ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE LOCATED IN THE COUNTY IN WHICH IN THE LIMITED FROZEN DESSERT STAND (LFDS) WILL BE LOCATED.

<u>EHFS New Castle County</u> Chopin Bldg., Suite 105 258 Chapman Rd. Newark, DE 19702 Phone: 302-283-7110 Fax: 302-283-7111	<u>EHFS Kent County</u> Thomas Collins Bldg 540 S. Dupont Hwy, Suite 5 Dover, DE 19901 Phone: 302-744-1220 Fax: 302-739-1957	<u>EHFS Sussex County</u> Georgetown State Serv. Ctr. 544 South Bedford Street Georgetown, DE 19947 Phone: 302-856-5496 Fax: 302-424-7171
---------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

1. Applicant Name: _____ Phone #: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2. Business/Organization Name: _____ Fax #: _____

3. Location of Stand: _____ 4. _____

Date(s) of Operation

5. Proposed Menu: _____

6. Source of Frozen Desserts (including ice): _____

7. Source of Water (if applicable): _____

8. Handwashing Facilities (Describe): _____

9. Toilet Facilities (type/location): _____ if using **private facilities**, attach written agreement

10. Methods to be used for maintaining proper product temperature. (Hard, frozen to maintain quality and condition):

11. List all equipment/utensils to be used (including service items): _____

12. Site where equipment/utensils to be sanitized (if other than stand location): _____

13. Additional comments: _____

Signature and Title of Applicant

DATE

FOR OFFICIAL USE ONLY

_____ Approved

_____ Disapproved

Environmental Health Field Services Representative

Date

Permit Number