



**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: 302-515-3300 Fax: 302-515-3301
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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