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.

<table>
<thead>
<tr>
<th>EHFS New Castle County</th>
<th>EHFS Kent County</th>
<th>EHFS Sussex County</th>
</tr>
</thead>
<tbody>
<tr>
<td>258 Chapman Rd.</td>
<td>540 S. Dupont Hwy, Suite 5</td>
<td>544 South Bedford Street</td>
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<tr>
<td>Newark, DE 19702</td>
<td>Dover, DE 19901</td>
<td>Georgetown, DE 19947</td>
</tr>
<tr>
<td>Phone: 302-283-7110</td>
<td>Phone: 302-744-1220</td>
<td>Phone: 302-856-5496</td>
</tr>
<tr>
<td>Fax: 302-283-7111</td>
<td>Fax: 302-739-1957</td>
<td>Fax: 302-424-7171</td>
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</tbody>
</table>

1. Applicant Name: _______________________________________________ Phone #: ________________________

   Applicant Mailing Address: ________________________________________________________________________

   City: _______________________________ State: _______________ Zip Code: _______________________

2. Business/Organization Name: _________________________________________ Fax #: ______________________

3. Location of Stand: ________________________________________________ 4. ___________________________

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