

APPLICATION FOR PERMIT TO OPERATE A CATERED ELDERLY NUTRITION SITE

(Food prepared off-site)

Name of Facility:			
Location Address:			
	City:	State: NC	Zip:
Facility phone #:		Email:	
Owner of Business:	·		
Mailing Address:			
	City:	State:	Zip:
Contact Phone #:		Email:	
Owner of Building:	:		
Mailing Address:			
	City	State:	Zip:
Contact Phone #:		Email:	
Please specify the f	ollowing:		
Sewer:	Public/Municipal		
Water:	Public/Municipal	Private Water Supply	
How many seats wil	l be provided for dining	g?	
Do you plan to serve	e more than a catered lu	unch meal? (ex: breakfast)	Yes No
Will you be providing	ng dumpster(s)?	Yes No Or Individual Trash	Receptacles?
Will you be preparir	ng any foods or drinks	on-site?	

Please submit the following with the application:

- Zoning approval
- Letter of agreement from catering facility to deliver meals
- Floor plan drawn to scale showing location of hand sink, utensil sink, refrigerator, mop sink, storage areas, bathrooms, garbage storage, etc.
- List of floor, walls and ceiling finishes in each room on site including bathrooms.

You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.

ZONING / BUILDING INSPECTIONShelby 704-484-6805 Kings Mountain 704-734-4599 Cleveland County 980-484-4975/4997 FIRE MARSHALLS 704-484-6816 704-734-0555 980-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

Proposed opening date:	
Date Application Submitted:	
Applicant's Signature:	

APPLICATIONS CAN BE SUBMITTED IN PERSON OR BY MAILTO:

Cleveland County Permits Office 1333 Fallston Road Shelby, NC 28150

Rev. 12/23