ILLEGAL FOOD VENDOR VIOLATION

| DATE _ | 07/0 | 3/18 | | | TIME | 1:30 |) PM | | | | |
|--|------------------------|------------------------|----------------|-------------|------------|----------|-------------------------|-------------------|--------------|----------------|--|
| NAME | | Doe | | Jane | | | | SE | X M (|) F (×) | |
| | | LAST | | FIRST | | MIDDLE | | | • | , , , | |
| ADDRE | SS | 145 Smit | h Street | | | 9 | Small Town | N | 2 | 12345 | |
| | | | STREET | | | | CITY | S | ГАТЕ | ZIP | |
| | | | | | | | | | | | |
| DRIVER | r'S L | ICENSE | NC | 12345 | 6789 | | BIRTH [| DATE | 01/01/2 | 2001 | |
| | | | STATE | | NUMBER | | | | | M/DD/YY | |
| | | | | | | | | | | | |
| VEHICI | /EHICLE Ford Ex | | Exp | olorer | | 1998 | | COL | OR F | Forest Green | |
| MAKE | | MODEL | | YEAR | | | •··· <u> </u> | | | | |
| | | | | | | | | | | | |
| REGIST | ERI | ED OWNE | R Johr | n Doe | | | | | | | |
| | | NT'S ADD | | | Street Sm | all Town | NC 12345 | | | | |
| | | LATE _C | _ | | | | STATE 1 | VC | | | |
| | | | | | | | | | | | |
| PHONE | 55 | 55) <u>555</u> | BUSINES: | | | (| 555) <u>554</u> | -5555 ESIDENCE | / CELL | | |
| | | | DOSINES | _ | OLA1 | | IXI | LOIDLINGL | / OLLL | | |
| (STATED IN PART) OPERATING WITHOUT A PERMIT ISSUED BY THIS DEPARTMENT CAN BE SUBJECT TO LEGAL ACTION PURSUANT TO NORTH CAROLINA GENERAL STATUTES. G.S. 130A-25 "A PERSON WHO VIOLATES A PROVISION OF THIS CHAPTER OR THE RULES ADOPTED BY THE COMMISSION OR A LOCAL BOARD OF HEALTH SHALL BE GUILTY OF A MISDEMEANOR." VIOLATION LOCATION | | | | | | | | | | | |
| SHOPPI | NG (| CENTER | × con | STRUCT | ION SIT | E | ROADSIDE | = 0 | THER | | |
| | | | | | | | Grocery Store | | | | |
| _ | | 145 North | | | | mall To | | NC | 12 | 345 | |
| ADDILL | .00 | | STREET | | | CITY | | STATE | : | ZIP | |
| COMME | ENIT | | | lling hot c | logs and | | hot food from | _ | | | |
| | | | | | | | | | | ck. She didn't | |
| | | | | | | | | | | | |
| | u nee | ded a permit j | ust to sell pl | ated countr | y cooking. | Sne disc | carded all of the | 1000 Insid | e ner Su | v and left the | |
| premises. | | | | | | | | | | | |
| PAYMENT OBSERVED FOR FOOD Y(\times) N() OPERATION CEASED Y(\times) N() PERMIT REQUIREMENTS EXPLAINED Y(\times) N() INFORMATION LEFT Y(\times) N() | | | | | | | | | | | |
| RECEIVE | D | Jane | Doe | | | | DAT | E 7/3/18 | 3 | | |
| | Ç | Health C | Insper | tor | | 123 | 4 | 555-553 | -5555 | | |
| ENV | IRON | MENTAL HE | ALTH SPE | CIALIST | | |) # | | HONE | | |