



APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT

Date Rec'd. _____

Fee Paid _____

Initials _____

Instructions

1. Return completed application at least 30 calendar days before the date planned for opening or the expiration date of the current permit
2. If plans are required, also include

- Proposed layout Proposed equipment types
 Intended menu Standard procedures for food safety

You will be notified if additional information, for example, a HACCP Plan, is required prior to the approval of plans or issuance of a permit

****Caterers, Bars, Restaurants and Take-Out Establishments must include a \$250.00 plan review fee. For remodel of an existing facility or change of type, plan review fee is \$150.00****

- Plans drawn to scale for franchised or chain food establishments are required to be submitted to the Environmental Health Services Branch.
- Plans drawn to scale for independent food establishments are required to be submitted for review and approval to the local health department for (1) the construction of a food establishment; (2) the conversion of an existing structure for use as a food establishment; or (3) the remodeling of a food establishment or a change of type of food establishment or food operations if the local health department determines that plans and specifications are necessary to ensure compliance with the regulations.

	<u>Plan Review Fee</u>
<input type="checkbox"/> New Permit (New Facility or Existing Facility without a Valid Permit)	\$250.00
<input type="checkbox"/> Remodel of Existing Facility	\$150.00
<input type="checkbox"/> Conversion of an Existing Building to a Food Establishment	\$250.00
<input type="checkbox"/> Change of Food Establishment Type (see <i>Establishment Category</i>)	\$150.00
<input type="checkbox"/> Change of Food Operation (see Question 4)	\$150.00
<input type="checkbox"/> Mobile Food Truck or Hot Dog Cart	\$75.00
<input type="checkbox"/> Transitional Permit (New Owner of Existing Food Establishment with a Valid Permit And No Proposed Remodeling or Change in Food Establishment Type or Operation)	Free

You are advised to consult the **NC .2600 Rules** and **NC Food Code** at <http://ehs.ncpublichealth.com/rules.htm>. You are responsible for all requirements.

Establishment Name	
Existing Facility Name	<input type="checkbox"/> N/A
Owner Email	
Site Address/Location	
Site City/State/Zip	
Mailing Address	
Mailing City/State/Zip	
Site Telephone	
Establishment Category (mark all that apply) <i>*Establishment categories that have no application fees</i>	Restaurant: <input type="checkbox"/> Full-Service <input type="checkbox"/> Fast-Food Only (Indicate if the facility is also a: <input type="checkbox"/> Limited Food Stand <input type="checkbox"/> Push Cart <input type="checkbox"/> Mobile Food Unit (MFU)
	Institutional Food Service (only serving residents/patients): <input type="checkbox"/> Nursing home* <input type="checkbox"/> Hospital* <input type="checkbox"/> School <input type="checkbox"/> Elderly / Congregate Nutrition Site
	Retail Market(s): <input type="checkbox"/> Meat Market <input type="checkbox"/> Deli <input type="checkbox"/> Seafood* <input type="checkbox"/> Produce
	<input type="checkbox"/> Drink Stand / Bar Only
	<input type="checkbox"/> Catering [<input type="checkbox"/> Only <input checked="" type="checkbox"/> OR <input type="checkbox"/> In Addition to Above]
	<input type="checkbox"/> Push Cart/MFU Commissary [<input type="checkbox"/> Only <input checked="" type="checkbox"/> OR <input type="checkbox"/> In Addition to Above]
Describe changes to establishment category if this is an existing facility	Example 1: <i>The facility will begin cooking soups before the day of service. The soup will be cooled to store in the refrigerator and reheated for hot holding and service.</i> Example 2: <i>The facility will begin catering.</i>

***Permittee Information (must be owner or an officer of legal ownership of the food establishment)**

Working Together For Your Health

Permittee Name		Permittee DOB	
Permittee Mailing Address			
Permittee City / State / Zip			
Permittee Telephone			

Person to Contact about this Application [Same as Permittee]

Contact Name		Title	
Contact Mailing Address			
Contact City / State / Zip			
Contact Telephone			

*Person in Direct Charge (PIC) of Food Establishment [Same as Permittee]

PIC Name		Title	
PIC Mailing Address			
PIC City / State / Zip			
PIC Telephone			

*Immediate Supervisor of PIC (above) [Same as Permittee]

Supervisor Name		Title	
Supervisor Mailing Address			
Supervisor City / State / Zip			
Supervisor Telephone			

1. *Is the food establishment owned by an Association Corporation Individual Partnership or Other Legal Entity (please specify)_____

2. How many persons comprise the legal ownership? _____
 *On a separate sheet, provide the name, title and address of each and indicate the local resident agent (if required).

3. *This food establishment is / will be
 Mobile Stationary and temporary Stationary and permanent

4. *This food establishment will (check all that apply)
- Prepare, offer for sale, or serve potentially hazardous food
 - Only to order upon a consumer's request
 - In advance in quantities based on projected consumer demand and discard food that is not sold or served at an approved frequency (using up to one of these food preparation methods: combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing), or
 - Using time as the public health control (as specified under GS 3-501.19).
 - Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.
 - Prepare the type of food described immediately above for delivery to and consumption at a location off the premises.
 - Prepare the type of food described immediately above for a highly susceptible population (immunocompromised / preschool age children / older adults).
 - Prepare only food that is not potentially hazardous.
 - Only offer for sale prepackaged food that is not potentially hazardous (no food preparation).
 - Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous.

- Prepare foods in a method that requires an HACCP plan (a written document that delineates the formal procedures for following the Hazard Analysis and Critical Control Point principles developed by the National Advisory Committee on Microbiological Criteria for Foods).
 - Smoking food as a method of food preservation
 - Curing food
 - Using food additives or adding components such as vinegar (for example, sushi rice)
 - As a method of food preservation
 - To render a food so that it is not potentially hazardous
 - Packaging food using reduced oxygen packaging method (with some exceptions)
 - Operating a molluscan shellfish life-support system display tank used to store or display shellfish that are offered for human consumption
 - Custom processing animals that are for personal use as food and not for sale or service in a food establishment
 - Sprouting seeds or beans
 - Preparing food by another method determined to require a variance

5. Hours of Operation

Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

6. Number of Seats	
7. Number of Staff (maximum per shift)	
8. Total Square Feet of Facility	
9. Maximum Meals to be Served	Breakfast
	Lunch
	Dinner
10. Anticipated volume of food to be stored, prepared, and sold or served	Stored
	Prepared
	Sold/Served
11. Type of Service (check all that apply)	<input type="checkbox"/> Sit Down Meals <input type="checkbox"/> Take Out <input type="checkbox"/> Caterer <input type="checkbox"/> Mobile Vendor <input type="checkbox"/> Other:
12. Date Existing Building Constructed	
13. Water System	<input type="checkbox"/> Private Well <input type="checkbox"/> Public System
14. Wastewater System	<input type="checkbox"/> Private System <input type="checkbox"/> Public System
15. Projected Date for Start of Project	
16. Projected Date for Completion of Project	

- 17. Attach *Employee Health and Personal Hygiene Plan* describing process to exclude or restrict food workers who are sick, diagnosed, been exposed to food-borne illness, or have infected cuts and lesions.**
- 18. Attach proposed menu (including seasonal, off-site and banquet menus)**
- 19. Attach proposed layout, mechanical schematics, construction materials, and finish schedules. This includes an accurate layout that is drawn to a minimum of ¼ inch = 1 foot of the floor plan showing each piece of equipment. Include in the scaled drawing(s) the location of plumbing, electrical services, mechanical ventilation, and lighting.**
- Provide an adequate number of hand washing sinks for each food preparation, dish washing, and toilet fixtures.
 - Provide an adequate number of food preparation sinks to prevent contamination and cross contamination of raw and ready-to-eat foods (this is dictated by the menu).
 - Provide room size, aisle space, space between and behind equipment and the placement of the equipment.

- Label other areas, such as storage rooms, garbage rooms, toilets, basements and/or other areas used for storage or food preparations.
 - Include and provide specifications for (1) entrances, exits, loading/unloading areas and docks; (2) complete finish schedule for each room including floors, walls, ceilings and covered juncture bases; (3) plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate(s), backflow prevention, wastewater line connections; mop sink or curbed cleaning facility with facilities for hanging wet mops; garbage can washing area/facility; (4) cabinets for storing toxic chemicals; (5) dressing rooms, locker areas, employee rest areas, and/or coat rack as required.
 - Include lighting schedule with protectors
 - At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - At least 220 lux (20 foot candles):
 - At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - Inside equipment such as reach-in and under-counter refrigerators;
 - At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and
 - At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
20. Attach a site plan showing the location of the business in the building; location of building on the property including alleys, streets and location of any outside equipment (refrigeration, dumpsters, can wash, well, septic system).
21. Attach proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, ANSI accredited certification or classification for sanitation, and installation specifications for each piece of equipment shown on the plan. Submit drawings of self-service hot and cold holding units with sneeze guards.
22. Attach standard procedures that ensure compliance with NC Food Code (or state which ones are being developed). Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

Cooking (specified time at temperature according to species) Reheating (165 degrees F within two hours)		Yes	No
1.	Will food product thermometers be used to measure final cooking /reheating temperatures of PHF's? What type of temperature measuring device:		
2.	List types of cooking /reheating equipment		

Hot / Cold Holding		Yes	No
1.	Will all cold PHF's be maintained at 41 degrees or below? Storage time is limited to seven days (more information is available in "Cold Storage").		
2.	Will any cold PHF's be maintained at 45 degrees or below? Beginning in 2019, the maximum cold holding temperature will be 41 degrees. Until then, if cold holding maximum temperature is between 41 – 45 degrees, storage time is limited to four days (more information is available in "Cold Storage").		
3.	Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? If "no", how will they be cooled to 41 / 45 degrees F?		
3.	How will hot PHF's be maintained at 41 / 45 degrees F or below during service? Indicate type and number of cold holding units.		
4.	How will hot PHF's be maintained at 135 degrees F or above after cooking or reheating during service? Indicate type and number of hot holding units.		

Cooling Please indicate how and where PHF's will be cooled to 41 / 45 degrees within 6 hours (from 135 degrees to 70 degrees in 2 hours and from 70 degrees to 41 / 45 degrees in 4 hours)		Thick Meats (1 inch or more)	Thin Meats (less than 1 inch)	Thin Soups / Gravy	Thick Soups / Gravy	Rice / Noodles
1.	Shallow Pans					
2.	Ice Baths					
3.	Reduce Volume or Size					
4.	Rapid Chill					
5.	Other					

Preparation	
1.	List categories of foods prepared more than 12 hours in advance of service
2.	How will bare-hand contact of ready-to-eat foods be eliminated (check all that apply) <input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Food grade paper

Preparation			
3.	Will any produce be washed or thawed <u>on-site</u> prior to use? Specify where. <input type="checkbox"/> Only purchasing pre-washed produce.	Yes	No
4.	Will any seafood be washed or thawed <u>on-site</u> prior to use? Specify where. <input type="checkbox"/> Only purchasing ready-to-cook seafood.		
5.	Will any meats be washed or thawed <u>on-site</u> prior to use? Specify where. <input type="checkbox"/> Only purchasing ready-to-cook meats.		
6.	Will dedicated prep sinks be provided so that produce, seafood, and meats will <u>each</u> have a separate area for preparation? If "No", describe the procedure for cleaning and sanitizing multi-use sinks between uses.		
7.	How many employees who have supervisory and management responsibilities and the authority to direct and control food preparation and service are certified food protection managers through an ANSI-accredited program? Except for congregate nutrition sites and risk category I food establishments, effective January 1, 2014, a certified food manager must be designated as a Person in Charge (PIC) and a PIC must be present in all hours of operation where food is being prepared, packaged, or served.		

Hand washing / Toilet Facilities		Yes	No
1.	Is there a hand washing sink in each food preparation and ware washing area?		
2.	Do all the hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? Is hot and cold running water under pressure available at each hand washing sink?		
3.	Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?		
4.	Is hand cleanser available at all hand washing sinks?		
5.	Are hand drying facilities available at all hand washing sinks?		
6.	Are waste receptacles available at all hand washing sinks?		
7.	Are covered waste receptacles available in ladies' toilet rooms?		
8.	Are all toilet room doors self-closing?		
9.	Are all toilet rooms equipped with adequate ventilation?		
10.	Is an employee hand washing sign posted at each hand washing sink used by food-service employees?		

Sinks		Yes	No
1.	Is a mop sink present? If "no", describe facility for cleaning of mops and other equipment:		
2.	Is a food preparation sink present?		

Finish Schedule – indicate which materials (quarry tile, stainless steel, 4” plastic covered molding, etc.) will be used in the following areas.

		Floor	Coving	Walls	Ceiling
1.	Kitchen				
2.	Bar				
3.	Food Storage				
4.	Other Storage				
5.	Toilet Rooms				
6.	Dressing Rooms				
7.	Garbage & Refuse Storage				
8.	Mop Service Basin Area				
9.	Ware washing Area				
10	Walk-in Refrigerators and Freezers				

Insect and Rodent Control		Yes	No
1.	Will all outside doors be self-closing and rodent proof?		
2.	Are screen doors provided on all entrances left open to the outside?		
3.	Do all operable windows have a minimum #16 mesh screening?		
4.	Will all pipes and electrical conduit chases be sealed? Will ventilation systems exhaust and intakes be protected?		
5.	Will air curtains be used? Is yes, where?		

Dressing Rooms		Yes	No
1.	Are dressing rooms provided?		
2.	Describe storage facilities for employees’ personal belongings (purses, coats, umbrellas, meals brought from home)		

Garbage and Refuse		Yes	No
1.	Do all containers have lids?		
2.	Will refuse be store inside? Where?		
3.	Is there an area designated for garbage can or floor mat cleaning? Where?		
4.	Will a dumpster be used? Number _____ Size _____ Frequency of Pickup _____ Contractor:		
5.	Will a compactor be used? Number _____ Size _____ Frequency of Pickup _____ Contractor:		
6.	Will garbage cans be stored outside?		
7.	Is there an area to store returnable damaged goods? Describe.		
8.	Describe surface and location where dumpster / compactor / garbage cans are to be stored.		
9.	Describe location of grease storage receptacle.		

Water Source / Wastewater Disposal		Yes	No
1.	Is the building connected, or will it be, to municipal sewer?		
2.	If no, has the private disposal system been approved? <input type="checkbox"/> Pending – application has been made <input type="checkbox"/> Permit attached		
3.	Are grease traps provided? Where? Provide schedule for cleaning and maintenance:		
4.	Is the building connected, or will it be, to municipal water?		
5.	If no, has the water system been approved? Private water supplies must be listed with NCDENR Public Water Supply Section and comply with all applicable laws and rules. <input type="checkbox"/> Pending – application has been made <input type="checkbox"/> Permit attached		
6.	Is ice made on the premises?		
7.	Is ice purchased commercially?		
8.	Describe how the ice scoop(s) will be stored while in use.		
9.	Describe water heater: Make: _____ Model: _____ Gallons: _____ Watts: _____ BTUs _____		

General		Yes	No
1.	Are insecticides / rodenticides store separately from cleaning & sanitizing agents? Where:		
2.	Are all toxic materials (for examples, retail sale / personal medications), stored away from food preparation and storage areas?		
3.	Will linens be laundered onsite? Indicate where:		
4.	Location of clean linen storage:		
5.	Location of dirty linen storage:		
6.	What type of hair restraints will be used?		
7.	Describe employees drinking cups while working. <input type="checkbox"/> Closed beverage container handled to prevent contamination of the employees' hands, the container, and exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. <input type="checkbox"/> Other:		

Ware washing Facilities		Yes	No
1.	Will a dishwasher be used for ware washing? Sanitation method: <input type="checkbox"/> Hot water <input type="checkbox"/> Chemical (specify) How will you verify ware washing sanitation?		
2.	Is ventilation provided?		
3.	Do all dish machines have attached template with operation instructions?		
4.	Do all dish machines have temperature/pressure gauges as required that are accurately working?		
5.	Will sinks be used for ware washing? Basin length _____ width _____ water height _____ Sanitation method: <input type="checkbox"/> Hot water (booster) <input type="checkbox"/> Chemical (specify) How will you verify ware washing sanitation?		
6.	Does the largest pot and pan fit into each compartment of the pot sink? If no, what is the procedure for manual cleaning and sanitizing?		
7.	Are there drain boards on both sides of the ware washing sink? Specify length:		
8.	Describe where air drying will take place prior to storage.		
9.	How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dish machine be cleaned and sanitized? Specify sanitizer: _____ Test Kit: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Plumbing Connections							
Are floor drains provided and easily cleanable? Specify location:						Yes	No
		Air Gap	Air Break	Integral Trap*	“P” Trap*	Vacuum Breaker	Condensation Pump
1.	Toilet						
2.	Urinals						
3.	Dishwasher						
4.	Garbage Grinder						
5.	Ice Machines						
6.	Ice Storage Bin						
7.	Sinks – Mop						
8.	Sinks – Janitor						
9.	Sinks – Hand wash						
10	Sinks – 3 Compartment						
11	Sinks – Prep						
12	Water Station						
13	Steam Tables						
14	Dipper Wells						
15	Refrigeration condensate / drain lines						
16	Beverage Dispenser w/ carbonator						
17	Other						

* TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “P”.

Approval of plans and specifications by the Craven County Health Department does not indicate compliance with any other code, law, or regulation that may be required - federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). The Craven County Health Department must approve any changes made to plans.

A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with state and local laws governing foodservice establishments. Foodservice permits issued by this department are required prior to operation.

Responsibilities of the Permit Holder

Upon acceptance of the permit issued by the health department, the permit acknowledges the following responsibilities.

- Comply with the provisions of this code including the conditions of a granted variance and approved plans
- Comply with required HACCP plans
- Immediately contact the health department, when required, to report an illness of a food employee
- Immediately discontinue operations and notify the health department if an imminent health hazard may exist (fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health); obtain approval from the health department before resuming operations
- Allow representatives of the health department access to the food establishment
- Replace specified existing facilities and equipment with facilities and equipment that comply
- Comply with directives of the health department including time frames for corrective actions, notices, orders, and warnings
- Accept notices issued and served by the health department according to law
- Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with the regulations or a directive of the health department.

I certify that I (the applicant) am an owner of the food establishment (or an officer of the legal ownership); will comply with the requirements of NC Food Code; and will allow access to the food establishment and will provide required information in accordance with 8-402.11. I attest to the accuracy of the information provided in the application.

Permittee Printed Name		Date	
Permittee Signature			
Permittee Email			
Contact Email			

If the permit to operate is denied, you will be provided a notice that includes (1) the specific reasons and code citations for the permit denial; (2) the actions, if any, that you must take to qualify for a permit; and (3) your right of appeal and the process and time frames for appeal that are provided in the law.

