

Transitional Plan Review Application for an Existing Food Service Establishment (rev 12/19) Transitional permits are valid for only 180 days from the date of issuance. It is the owner's responsibility to complete the permit conditions before expiration date. Expiration of a transitional permit will require a full plan review application to submitted.

| Purchase Date: | | | | | |
|--|---|--|--|--|--|
| Present Name of Establishment: | | | | | |
| New Name of Establishment: | | | | | |
| Address: | | | | | |
| City: | | | | | |
| Phone (if available): | Cell: | | | | |
| E-mail: | - | | | | |
| Name of Legal Ownership: | | | | | |
| Type of Ownership: association, cor | poration, individual, partnership, or other legal entity: | | | | |
| Names and Titles of Persons in Lega | al Ownership: | | | | |
| Legal Ownership Address: | | | | | |
| City: | State Zip Code: | | | | |
| Phone: Ce | | | | | |
| | | | | | |
| Local Agent Email Address: | | | | | |
| Project Contact Person Name: | | | | | |
| Contact Person Telephone: | · | | | | |
| Contact Person E-mail Address: | | | | | |
| I certify that the information in this changes may delay issuance of a T | application is correct, and I understand that any ransitional permit. | | | | |
| Name:PLEASE PRINT NAI | | | | | |
| | | | | | |
| Signature: (Owner or Responsible Represent | Date: | | | | |





Transitional Plan Review Application for an Existing Food Service Establishment

A new food service application must be completed if there are significant changes to menu, kitchen design or equipment for this existing facility.

| The informati | on below is required | for the transitional ${\scriptscriptstyle \parallel}$ | permit application to be compl | ete: |
|--|--|---|--|--------|
| Propos | ed menu; including cor | sumer advisory if ne | eded. | |
| Transiti | onal Plan Review Fee | \$150 | | |
| Hours of Ope | <u>ration</u> | | Type of operation: (check all that a | apply) |
| Day | Open | Close | Sit-down meals | |
| Sunday | | | Take-out | |
| Monday | | | Single-Service | |
| Tuesday | | | Multi-use utensils | |
| Wednesday | | | Catering | |
| Thursday | | | Other (Explain) | |
| Friday | | | | |
| Saturday | | | | |
| Total Number | er of Seats: Inside _ | Outside | | |
| | <u>Specialized</u> | I Food Processing I | Procedures Procedures | |
| • • • | ovals must be in place processes without ap | - | specialized processes. permit action. | |
| Will specialized food processes be conducted? □YES □NO | | | | |
| | ACCP plan is required fing, smoking, sprouting | • | i rice), reduced oxygen packagin cess) | ıg, |
| Check any sp | ecialized processes | that will take place: | | |
| |) Sous vide() Red | | () Sprouting Beans() ging (eg: ROP, canning, Vacuum | 1 |
| Variance Com | | specialized food pro | ance Request to the NC Food Co cess to be conducted in your foo s) | |
| Request an ap | polication from the Stat | e Variance Committe | e bv email: | |



ncvariancecommittee@dhhs.nc.gov