



Catering Plan Review Application

“Caterer” means a person operating from a permitted food service establishment who makes an agreement with one individual or firm to provide a predetermined quantity of food on a specific date or dates at a site not open to the general public.

North Carolina food rules: <http://ehs.ncpublichealth.com/rules.htm>

Health Department review must be completed for the approval and permitting of Shared-Use Kitchen / Commissary spaces and catering operation. The review fee does not guarantee a permit.

Catering Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email Address: _____

Website Address: _____

Owner / Manager Name: _____

Name of Legal Ownership: _____

Type of Ownership: association, corporation, individual, partnership, or other legal entity

Names and Titles of Persons in Legal Ownership :

Legal Ownership Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Cell: _____

Name of Ownership Local Agent: _____

Local Agent Email Address: _____





Completion Information

- After applications are processed by the business office, contact Environmental Health Plan Review Specialist for a permit evaluation appointment at 919-560-7819.
- Permit evaluation is by appointment only and is conducted at the kitchen location.
- All **CATERING equipment, including transport equipment**, must be present during permitting evaluation.
- Completed applications can be emailed to Food@dconc.gov , mailed or faxed to 919-560-7830.
- Environmental Health Office hours are Monday through Friday 8:30 am to 5:00 pm
- Payment can be mailed, presented in person or credit card. Checks must be made out to **Durham County Environmental Health. NO counter checks will be accepted.**
- Please indicate preferred payment method: **Online, By Mail, In Person** (circle one)

This application will not be accepted for processing without:

A completed Catering Plan Review Application includes:

- Caterers renting space from a Shared-Use Kitchen / Commissary must submit a signed **Shared-Use Kitchen / Commissary Agreement for approval.**
- Manufacturer specification sheets for each piece of catering and transport equipment.
- All **CATERING equipment, including Transport equipment**, must be NSF listed for sanitation or be constructed to meet NSF/ANSI standards.
- Proposed or sample menu
- **Plan Review Fee of \$200**
- Health Department review must be completed for the approval and permitting of Shared-Use Kitchen / Commissary spaces and catering operation. The plan review fee does not guarantee a permit.

I certify that the information in this application is correct, and I understand that any changes may void or delay plan approval.

Name: _____
PLEASE PRINT NAME

Signature: _____ **Date:** _____
(Owner or Responsible Representative)





Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Maximum Meals to be catered at an event

Breakfast	
Lunch	
Dinner	
Total	

Delivery / Transportation Equipment Description

Type of Equipment	Capacity	Quantity
E.g. Cambro	4 hotel pans	4 units

Food Serving Equipment

Will serving equipment be rented? Yes No

If No, where will equipment you own be stored?

Please describe storage location:





Food Preparation Procedures

Will Time as a Public Health Control be used for any menu item?
Using time limits instead of keeping food hot or cold.
(3-501.19 Time as a Public Health Control) YES NO

Will beef, eggs, fish, lamb, milk, pork, poultry, (including eggs),
seafood or shellfish be served or sold raw or undercooked?
(3-603.11 Consumer Advisory) YES NO

Will any menu items be packaged for delivery? YES NO

Specialized Processes

Written approvals must be in place prior to the use of specialized processes. Use of these processes without approval can result in permit action.

Will specialized food processes be conducted? YES NO
(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process)

Check any specialized processes that will take place:

Curing () Smoking() Acidification(fermentation or pickling)() Sous vide() Reduced Oxygen Packaging (eg: ROP, canning, Vacuum packaging) () Sprouting Beans () Dehydrating () Other ()

You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. (8-103.10 Modifications & Waivers) Request an application from the State Variance Committee by email at ncvariancecommittee@dhhs.nc.gov Yes No

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

- Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)
- Thick meats, whole poultry (roast beef, whole turkey, chickens, and hams)
- Cold processed food (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, rice/noodles, gravy, chowders)
- Bakery goods (pies, custards, cream fillings & toppings)





FOOD SUPPLIES: (Ingredient List)

List all foods & ingredients used in the food service establishment.

In Chart A: Include all condiments, sauces, dressings, dry goods, cheeses, herbs, produce, breads, pasta, soups, etc.

In Chart B: Include all meats, seafood and other proteins.

Check all that apply

Chart A: Produce / Dairy / Dry Foods /Sauces / Soups	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw/Fresh	Pre-cooked	Whole	Pre-portioned





Chart A: Produce / Dairy / Dry Foods Sauces / Soups	Supplier/Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw/Fresh	Pre-cooked	Whole	Pre-portioned

Check all that apply





Chart B: Proteins (Meats & Seafood)	Supplier/Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw	Pre-cooked	Whole	Pre-portioned





FOOD PROCESSES

List all menu items

check all processes that apply

Dish / Entree	Prepared Day of Event	Prepared beforehand	Prepared at catering	Ready-to-Eat	Ready-to-Cook	Cooled	Held Hot	Held Cold	Reheated





Cooling (cooling down food after cooking for storage)

Indicate how hot foods will be cooled rapidly from above 135°F to below 41°F after being cooked.

Check all that apply

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In the refrigerator Using Shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

KITCHEN EQUIPMENT FOR CATERING PREPARATION

Check all that apply

	Table	Stainless Table with sink	Prep Sink & Stainless Table
Raw Meat Preparation			
Raw Seafood Preparation			
Raw Vegetable Preparation			
Ready-to-Eat Food Preparation			

KITCHEN EQUIPMENT FOR CATERED FOOD STORAGE

Check all that apply

	Number of units	Amount of space for catering Number of shelves or ft ²
Walk-in Cooler		
Walk-in Freezer		
Reach-ins		
Alto-Shams		
Hot Holding Cabinets		
Dry Storage Shelving		





ITEMS PROVIDED BY CATERER

Check all that apply

Items provided by Caterer	Number	Storage location
Multi-use Plates		
Multi-use silverware		
Multi-use cups/glasses		
Disposable Plates		
Disposable silverware		
Disposable cups		
Carving Stations		
Sneeze Guards		
Grills/Cookers		
Chaffing Pans		
Cambros (hot holding)		
Coolers (cold holding)		
Punch Bowls		
Fountains		
Tea Urns		
Coffee Machines		
Ice Sculptures		
Table Cloths/Linens		
Table Skirting		
Serving Stations/Buffer		
Serving Baskets		
Tables		
Chairs		
Tents		
Other items:		





What type of vehicle will be used to transport catering equipment and food?

- Company van or truck Mobile Food Unit Hot & Cold holding truck
 Enclosed trailer Employee vehicles Rental truck
 Other _____

How far will food be transported?

- Local events _____ Out of county events _____ Out of State events _____





SHARED-USE KITCHEN / COMMISSARY AGREEMENT

A Shared-Use Kitchen / Commissary is a permitted food service establishment or restaurant that provides shared use kitchen facilities for mobile food units, push carts and caterers. This Shared-Use Kitchen / Commissary Agreement is part of the plan review approval and Health Department approval is required for shared use kitchen permits. Loss of commissary without prior change request submittal by the operator will result in permit revocation and require a new plan review application.

Completed by the food service operator:

Select: Mobile Food Unit ___ Pushcart ___ Caterer ___ New ___ Change request ___

Name of food service: _____

Operator Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____ Cell Number: _____

Completed by the permittee or owner of the Shared-Use Kitchen / Commissary:

The management of the Shared-Use Kitchen / Commissary facility noted below, agrees to provide the Shared-Use Kitchen / Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the Shared-Use Kitchen / Commissary permit.

Management understands and agrees to provide the following for each approval:

- Labelling for the designated storage spaces for the operator’s exclusive use.
- A designated protected area for food and utensil storage.
- Designated spaces for refrigeration / freezer and dry storage areas.
- Use of the utensil sink to wash utensils.
- An exterior wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- A method to track Shared-Use Kitchen / Commissary usage, sign-in, digital tracking, etc.
- Shared-Use Kitchen / Commissary access as needed for the operator to maintain rule compliance and separation of time and space between all vendors.

Shared-Use Kitchen / Commissary Agreement confirmation:

Shared-Use Kitchen / Commissary Name: _____

Printed Name of Manager: _____

Signature of Manager: _____





Public Health

ENVIRONMENTAL HEALTH DIVISION

Caterer Operating Schedule

Provide this operating schedule to the Durham County Environmental Health once each month.

Email to: food@dconc.gov or Fax 919-560-7830

Date _____

Caterer Name _____

Operator Email _____

Contact phone _____

Commissary _____

Please note: a change in commissary must have written approval by the Plan Review specialist.

- I have no events scheduled but I am still in operation.
- I am ***not operating at this time***. Please place my food service permit put on seasonal status.
- I am ***no longer in operation*** and wish to have my food service permit cancelled.
- I have events scheduled and will be preparing food at my commissary as noted below.

Additional information may be provided on a separate sheet.

<i>Dates</i>	<i>Times</i>

Operator Signature: _____ **Date** _____

Received date _____ Initials _____

Assigned REHS _____