



Food Service Establishment Permit Application rev 09/2024

- New Food Service Establishment (New construction or remodel of existing non-permitted facility)
- Transitional Permit (Change of ownership with no changes to menu or facility)
- **See Check List for requirements, guidance, fees and payment options**

Name of Establishment: _____

Address: _____

City: _____ State: NC Zip Code: _____

Phone (if available): _____ - _____ - _____ Cell: _____ - _____ - _____

E-mail(s) _____

Previous Name of Establishment (If applicable): _____

Date of Sale of Business (If applicable): _____

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: _____ - _____ - _____

Email(s): _____

Name of Ownership Local Agent: _____

Local Agent Email: _____

Billing Contact Person Name: _____

Billing Contact E-mail(s): _____

Project Contact Person Name: _____

Contact Person Telephone: _____ - _____ - _____

Contact Person E-mail(s): _____

Durham City / County building permit number (LDO): _____





- **Projected start of construction:** _____ **Projected completion date:** _____
- Types of Service:

Hours of Operation

Day	Time Open	Time Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Type of operation: (check all that apply)

Sit-down meals	
Take-out	
Catering	
Other (Explain):	
Shared Kitchen	
Commissary	

Total Number of Seats: Inside _____ Outside _____

Facility total square feet: _____ ft²

• Will there be any changes to Menu? Yes _____ No _____

• Will there be any changes to the existing equipment: Yes _____ No _____
 List any equipment changes:

• Will there be any changes to the structure or renovations? Yes _____ No _____
 Provide a brief scope of proposed work:





Specialized Food Processing Procedures

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 _____

Check any specialized processes that will take place:

Curing	
Smoking	
Acidification (Fermenting/Pickling)	
Sprouting Beans	
Dehydrating	
Sous Vide	
Reduced Oxygen Packaging (Vacuum)	
Other:	

Explain any checked processes:

The applicant will need to submit the 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:

ncvariancecommittee@dhhs.nc.gov

— Will any meats, eggs, seafood, poultry, or shellfish be served or sold raw or undercooked?

YES ___ NO ___

If YES, then include a Consumer Advisory with menu submission.

— Indicate any of the following highly susceptible populations that will be catered to or served:

Nursing Home	
Child Care Center	
Health Care Facility	
Assisted Living Center	
School with Pre-School Age Kids	
N/A	





Food Sources Deliveries and Storage

List all food suppliers that will be used and what type of products will be provided by each (i.e. raw meats, raw seafood, dry goods, etc.)

Estimated number of deliveries per week _____

Projected number of meals served per meal per day:

____ Breakfast ____ Lunch ____ Dinner

Single service (disposable utensils/dishes)

___ Plates ___ Glassware ___ Silverware

Multi-use (reusable utensils/dishes)

___ Plates ___ Glassware ___ Silverware





Cold Food Storage

Check all that apply or Choose "NA"

Equipment	Number of Units	Total Cubic-Feet of Space for each unit	Used for Ready to Eat Foods	Used for Raw Proteins	NA
Walk-in Refrigeration Storage					
Work Top Freezer					
Walk-in Freezer Storage					
Reach-in Freezer Storage					
Reach-in Refrigeration Storage					
Flip Top & Work Top Refrigeration					

DRY STORAGE

Square feet of dry storage shelf space: _____ ft²

Where will dry goods be stored? _____

Hot Holding: List all menu items that will be held hot:

Cold Holding: List all menu items that will be held cold:





Processes for cooling cooked food (cooling food down after cooking for storage)

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

If other is checked, indicate types of food: _____

Cooling Process	Meat	Seafood	Poultry	Soup	Sauce	Other	NA
Shallow Pans in Refrigerator							
Ice Baths							
Rapid Chill							

Thawing

Indicate how food from each category will be thawed, or NA.

If other is checked, indicate types of food: _____

Thawing Process	Meat	Seafood	Poultry	Other	N/A
Refrigeration					
Running water less than 70°F					
Cooked Frozen					
Microwave					

FOOD HANDLING PROCEDURES

- Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled. Please be as detailed and specific as possible.
- Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:
 - How the food will arrive (frozen, fresh, packaged, etc.)
 - Where the food will be stored
 - Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
 - When (time of day and frequency/day) food will be handled
 - Food handling explanations should be supplemented with a menu detailing ingredients and processes for each offering.





- PRODUCE AND READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

- RAW-POULTRY HANDLING

- RAW-MEAT HANDLING

- RAW-SEAFOOD HANDLING





PREPARATION AREAS:

- Total Number of Prep Sinks: _____
- Produce/Ready-to-eat Sink _____ Raw Proteins (chicken, pork, beef) Sink _____ Raw Seafood Sink _____

WATER SUPPLY:

Water: Municipal _____ Well _____
 Sewer: Municipal _____ Septic _____

ICE: Made on premises _____ Purchased commercially? _____ Source _____

WATER HEATER (minimum with 70°F rise)

Gas _____ Electric _____

Tankless Make and Model# _____

Number of Tankless units installed _____

OR

Tank Water Heater Make and Model# _____

Recovery Rate (gallons per hour at 70°F rise, unless there is a dish machine) _____

Storage Capacity (gallons) _____ Power Input: _____ kW _____ btu

DISHWASHING FACILITIES

- Manual Warewashing
 (At least one 3-compartment sink with integral drainboards on each side and compartments large enough to submerge the largest equipment and utensil is required.)

Dimensions of sink basins: Length _____ Width _____ Depth _____

Length of drain boards: Right _____ Left _____

What type of sanitizer is used

Chlorine _____ Iodine _____ Quaternary Ammonium _____ Hot water _____

If Other _____ Describe _____

- Mechanical Warewashing:

Dishwasher sanitizing cycle used: Hot water _____ Chemical _____

Make & Model _____



Air Drying Space

- Total square feet of air-drying space provided: _____ ft²
 - This space is only for air-drying and not as clean dish and/or ware storage.

HANDWASHING & TOILET FACILITIES

- Hand washing sinks with hot and cold running water, soap and individual paper towels must be provided in each food preparation and ware washing area.
- Hand wash lavatories must be placed to prevent cross contamination.
- Indicate number and location of all handwashing sinks

EMPLOYEE STORAGE (Required)

- Describe storage facilities for employees' personal belongings: _____

LINENS

- Location of dirty linen storage: _____
- Location of clean linen storage: _____

Where will all chemicals be stored? _____

FINISH SCHEDULE: Indicate floor, wall, and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile) or NA

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				





FINISH SCHEDULE Continued: Indicate floor, wall, and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile) or NA

Area	Floor	Base	Walls	Ceiling
Garbage & Refuse Storage				
Service Sink				
Other:				
Others:				

INSECT & RODENT CONTROL: Check all that apply

	Fly Fans or Air Curtains	Self-Closures	NA
Delivery Doors			
Entry Doors			
Screened Doors			
Restroom Doors			
Drive Thru Pickup Window			
Walk Up Screen Window			

GARBAGE & REFUSE: Check all that apply

	YES	NO	INDOOR	OUTSIDE	NA
Compactor (stored on asphalt or concrete)					
Dumpster (stored on asphalt or concrete)					
Trash cans with lids					
City Trash Bags					





GARBAGE & REFUSE Continued Check all that apply	YES	NO	INDOOR	OUTSIDE	NA
Dirty Linen Containers with lids					
Can Wash (curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)					

Indicate what materials will be recycled:

Glass _____ Metal _____ Paper _____ Cardboard _____

Plastic _____ Grease _____ Food _____ Oyster shells _____

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

I understand applications that are inactive for 2 years will expire and a new application must be submitted to continue the project.

Name: _____

PLEASE PRINT NAME

Signature: _____ Date: _____

(Owner or Responsible Representative)

E-Signature:

