

SAMPSON COUNTY HEALTH DEPARTMENT

Environmental Health Section

405 County Complex Rd. Clinton, NC 28328

Phone: (910) 592-4675 Fax: (910) 592-2874



FOOD SERVICE ESTABLISHMENT APPLICATION

Type of Application: New Application Remodel Change of Ownership/Transitional Permit

Type of Operation: Restaurant (With Seating) Foodstand (No Seating) Drinkstand (Glassware Only)
 Meat Market Commissary Other: _____

Name of Facility: _____

Name of Applicant: _____ **Phone:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name/Corporation to be listed on permit: _____ **Phone:** _____

Permittee Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Projected Start Date:** _____

Please complete the following information about the facility:

1) **HOURS OF OPERATION** – List the hours for each day that the facility will be in operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

2) **PROJECTED NUMBER OF MEALS** – List the number of meals projected between deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

3) **TYPE OF FOOD SERVICE** – Indicate the types of meals that will be served:

Sit-down Meals* Takeout Meals Catering ***Number of Proposed Seats:** _____

4) **TYPE OF UTENSILS USED** – Indicate the type of utensils used:

- Single-Service (disposable): Plates Glassware Silverware
- Multi-use (reusable): Plates Glassware Silverware

5) **RAW/UNDERCOOKED FOODS** – Will any menu items be served raw or undercooked?

Yes No If yes, where is the consumer advisory located?: _____

6) **EMPLOYEE HEALTH POLICY** – Does the facility currently have an employee health policy in place?

Yes No If yes, please explain how staff is trained on employee health requirements:

7) **SPECIALIZED PROCESSES** – Indicate if any of the following processes that will be used during preparation:

Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (vacuum-sealing)
 Smoking Sprouting Beans Other N/A

8) **HIGHLY SUSCEPTIBLE POPULATIONS** – Indicate if any of the following populations will be served or catered:

Nursing Home Assisted Living Center Child Care Center Health Care Facility
 School with Pre-school Aged Children N/A

9) **COLD STORAGE FACILITIES** – Provide the total number of refrigerators and freezers and total cubic feet.

Type of Cold Storage Unit	Number of Units	Cubic Feet (listed on spec sheet)
Reach-in Refrigerators		
Reach-in Freezers		
Sandwich/Prep Refrigerators		
Walk-in Cooler		
Walk-in Freezer		
Other Units		

-List items that will be held cold: _____

10) **HOT STORAGE FACILITIES** – Provide the type and total number of hot storage units:

Type of Hot Storage Unit	Number of Units	Manufacturer/Model
Tabletop Steamer/Warmer		
Steam Table		
Hot-holding cabinet		
Other Units		

-List items that will be held hot: _____

11) OPERATION DETAILS – Provide food-handling procedures and locations for the following items:

PRODUCE

- Where will produce be stored once received/purchased? _____

- Will produce require washing prior to preparation? Yes No
- If yes, describe the produce washing procedure and location: _____

- Where will the produce be stored once it has been washed and prepped? _____

MEATS

- Where will meat be stored once received/purchased? _____

- Will meat require washing prior to preparation? Yes No
- If yes, describe the meat washing location: _____

- Where will the meat be stored once it has been prepped? _____

SEAFOOD

- Where will seafood be stored once received/purchased? _____

- Will seafood require washing prior to preparation? Yes No
- If yes, describe the seafood washing location: _____

- Where will the seafood be stored once it has been prepped? _____

POULTRY

- Where will poultry be stored once received/purchased? _____

- Will poultry require washing prior to preparation? Yes No
- If yes, describe the poultry washing location: _____

- Where will the poultry be stored once it has been prepped? _____

COOLING

- Will foods be cooled down in the facility? Yes No
- If yes, list the food item and check the type of cooling procedure used in the chart below:

Food Item	Refrigerator	Ice Bath	Ice Paddle	Add Ice as Ingredient	Other

THAWING

- Will foods be thawed in the facility? Yes No
- If yes, list the food item and check the type of thawing procedure used in the chart below:

Food Item	Refrigerator	Running Water (less than 70 F)	Cooked Frozen	Microwave	Other

12) DRY STORAGE – Describe the storage location of the items listed below:

- Single-service items (paper plates, utensils, cups, etc.): _____
- Food items (condiments, bread, etc.): _____
- Chemicals: _____
- Employee personal items: _____
- How many deliveries are expected each week? _____

13) FACILITY DETAILS – Provide details pertaining to the facility below:

WATER SUPPLY

- What type of water supply is provided? Municipal/Public Well*
- Ice used by the facility will be: Made on the Premises Purchased

WASTEWATER SYSTEM

- What type of wastewater system is provided? Municipal/Public Septic System*

** If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements.*

WATER HEATER

- Type of water heater proposed: Tankless Storage Tank
- If storage tank type, what is the capacity? _____ gallons
 - Manufacturer & Model Number: _____
- How is the water heater powered? Electric _____ kilowatts (kW) Gas _____ BTU
- Water recovery rate* (gallons per hour at 80 F temperature rise: _____ GPH
**(calculator can be found at <https://ehs.ncpublichealth.com/faf/food/planreview/app.htm>)*

HAND SINKS

- Number of hand sinks in the facility: _____
- Location of hand sinks: _____

UTENSIL WASHING EQUIPMENT

- Number of sink compartments: _____
 - Size of sink basins: **Length** _____ inches **Width** _____ inches **Depth** _____ inches
- Where will dishes and utensils be air-dried? _____
- What type of sanitizer will be used? Chlorine Quat Hot water (at least 171 F)
- Describe how large food contact equipment (slicers, cutting boards, cooking equipment, prep tables) will be cleaned and sanitized: _____
- Will a dishmachine be used? Yes No
 - Manufacturer & Model Number: _____
 - Type of Sanitization: Chemical Hot water

FINISHES – Indicate floor, wall, ceiling, and baseboard materials in the chart below:

Area	Floor	Walls	Ceiling	Baseboards
Kitchen				
Cook Area				
Food Storage				
Dry Storage				
Bar				
Restrooms				
Garbage/Mop Area				
Other				

PLUMBING – Check the appropriate box in the chart below for drain types serving equipment:

Fixture	Floor sink/drain	Indirect Drain	Direct Drain	N/A
Dishwashing Sink				
Food Prep Sinks				
Handwashing Sinks				
Dishmachine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration Equipment				
Steam Tables/Steamers				
Other				
Other				

REFUSE & RECYCLABLES

- Where will refuse be stored? Inside Outside
 - If inside, where will refuse be stored? _____
- How will refuse be disposed of? Dumpster/Compactor Municipal Convenience Site
 - Where will dumpster or compactor be cleaned? Off-site On-site
 - If off-site cleaning provided, provide name of contractor: _____
- Describe size and location of the mop sink or can wash area: _____

PEST CONTROL

- How are all outside doors protected? Self-closing Fly fan Screen door
- How are outside windows protected? Screens Self-closing

Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge. I understand that:

- Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.
- Food service facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .2600 “Rules Governing Food Protection and Sanitation of Food Establishments” will not receive an operational permit from this Department.
- Approval of this application or issuance of an operational permit by Sampson County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.

Signature of Applicant/Operator: _____ **Date:** _____

Application Submission Requirements:

- 1) Completed application.
- 2) Proposed menu.
- 3) Scaled drawing or plans for the facility.
- 4) Manufacturer’s specification sheets for all proposed food service equipment.
- 5) Non-refundable plan review fee: \$250.

Please feel free to contact us at (910) 592-4675 if you have questions about this application.

Submit completed application to:

**Sampson County Health Department-Environmental Health Division
405 County Complex Rd.
Clinton, NC 28328**