

# 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:

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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
<b>Kitchen</b>				
<b>Cook Area</b>				
<b>Food Storage</b>				
<b>Dry Storage</b>				
<b>Bar</b>				
<b>Restrooms</b>				
<b>Garbage/Mop Area</b>				
<b>Other</b>				

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

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

**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: \$300.

**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**