



Transitional Application for an Existing Food Service Establishment

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 the expiration date and notify this department when completed.

Purchase Date: _____

Current Name of Establishment: _____

New Name of Establishment (if changing): _____

Physical Address: _____

City: _____ Zip Code: _____

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

E-mail: _____

Name of Legal Ownership: _____

Type of Ownership (check one): Association ____ Corporation ____ Individual ____

Partnership ____ Other legal entity (describe): _____

Names of Person(s) in Legal Ownership:

Mailing Address: _____

City: _____ State ____ Zip Code: _____

Phone: ____ - ____ - ____ Cell: ____ - ____ - ____

Local Contact Person Name: _____

Local Contact Telephone: ____ - ____ - ____ Local Contact email _____

A separate food service plan review application and plan may be required if there are significant changes to menu, kitchen design or equipment for this existing facility.

Will the kitchen be remodeled or will additional equipment be added to the kitchen? Yes ____ No ____

If yes, briefly list the changes that are proposed for the kitchen. _____



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The information below is required for this transitional permit application to be complete:

_____ Attach a proposed menu (including consumer advisory, if raw or undercooked eggs, meat or seafood items will be cooked to order)

List Days and hours of operations:

Check all that apply:

Sit-down meals _____ Take-out _____ Single-Service _____ Multi-use utensils _____ Catering _____

Total Number of Seats: Inside _____ Outside _____

Specialized Food Processing

A HACCP plan is required for these specialized processes: acidification (sushi rice, fermenting, pickling), reduced oxygen packaging (canning, vacuum packaging), sous vide, curing, smoking (for preservation), sprouting beans or drying.

Will a specialized food process be conducted? YES _____ NO _____

If yes, a written approval must be in place prior to the use of specialized processes. Use of these processes without approval can result in permit action.

I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.

Print Name and Title: _____

Signature: _____ Date: _____

(Owner or Responsible Representative)

Submit Application to: EHapps@cabarrushealth.org or to: Cabarrus Health Alliance, Environmental Health - 300 Mooresville Road - Kannapolis, NC 28081 – Office Phone: 704-920-1207