



# Application for a Food Establishment Permit and Pre-opening Checklist

Name of Establishment: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager/Person in Charge: \_\_\_\_\_

Mailing Address for Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_  
(If different from above)

Establishment is owned by:  Association  Corporation  Individual  
 Partnership  Other Legal Entity

**Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.**

Establishment Type:  Mobile  Stationary  Temporary  Permanent  Shared Use

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):

To Order upon Consumer Request  
 In Advance and Discards Unserved Food  Uses Time as a Public Health Control

Prepares PHF/TCS by:  Cooking  Cooling  Reheating  Hot holding  
 Cold holding  Freezing  Thawing  Par cooking

Prepares food for delivery to and consumption at a location off premises  
 Prepares food for a Highly Susceptible Population  
 Prepares only non PHF/TCS

Wastewater System:  Municipal/Community  On-Site System

Water Supply:  Municipal/Community  On-Site System

PROJECTED OPENING DATE: \_\_\_\_\_

**Please submit this application at least 30 calendar days prior to the projected opening date, per 15A NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual.**

**I attest to the accuracy of the information provided in this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**The following pre-opening checklist is provided to assist with compliance to obtain a Food Establishment Permit:**

\_\_\_\_ Certified Food Protection Manager (Applicant is allowed 210 days from date permit is issued to comply with rule requirement, per 15A NCAC 18A .2659)

\_\_\_\_ Copy of the menu

\_\_\_\_ \*Consumer advisory (NC Food Code Manual, Section 3-603.11)

\_\_\_\_ \*Variance and/or HACCP plan for specialized processing methods (NC Food Code Manual, Section 3-502.11)

\_\_\_\_ \*Written procedures for time as a public health control (NC Food Code Manual, Section 3-501.18)

\_\_\_\_ \*Standard operating procedures (NC Food Code Manual, Paragraph 8-201.12(E))

\_\_\_\_ All refrigerators and freezers must be operating to verify temperatures

\_\_\_\_ Thermometers provided

\_\_\_\_ Water heater operating

\_\_\_\_ Ware washing facilities properly operating

\_\_\_\_ Sanitizing solution and test strips supplied

\_\_\_\_ Lighting meets requirements

\_\_\_\_ Bulbs shielded or shatterproof

\_\_\_\_ Handwashing sinks conveniently located and supplied with soap, towels, and handwashing sign

\_\_\_\_ All construction completed and all construction materials removed from the premises

**When scheduling the pre-opening inspection, contact your local County Environmental Health Department **at least 7 days** prior to the projected opening date.**

**\*If applicable**