



HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Lena H. Jones, MPA • Health Director

Parcel Id #: _____

Permit #: _____

TRANSITIONAL FOOD ESTABLISHMENT PERMIT APPLICATION

- This application is to be used to obtain a permit to operate an existing food establishment
- To buy, assume or open a food establishment that has a current permit in good standing

ELIGIBILITY: This application applies only to an existing foodservice establishment that has not been altered from its original design and in which there are no plans for changes, additions or renovations (except those required by law).

TRANSITIONAL PERMIT: Any given restaurant may be operating with a number of equipment or construction deficiencies. If you purchase an existing foodservice establishment that has deficiencies, you may be able to obtain a **transitional permit** allowing you to continue to operate the facility. All deficiencies listed in the permit must be corrected within 180 days. **Some changes may require the submission of plans for review.**

180 DAYS TO CORRECT ALL DEFICIENCIES: If a transitional permit is issued, it will expire at the end of 180 days. You must have made all repairs listed on the transitional permit prior to its expiration. A transitional permit cannot be transferred, extended, or renewed.

WHAT IF THE ESTABLISHMENT DOES NOT HAVE A VALID PERMIT? A transitional permit cannot be issued when a facility has been closed by the owner or the permit is revoked or expired. If the establishment has been closed for any length of time and was altered or the majority of equipment was removed, a transitional permit cannot be issued. In this case, a new Food Establishment Plan Review Application must be submitted and a full plan review may be required before a permit may be issued.

IMMINENT HAZARDS: Please note that only minor construction and equipment violations can be addressed on a transitional permit. If violations exist that would constitute an imminent hazard to public health the facility must cease operation immediately. Likewise, cleanliness of the facility cannot be addressed on the transitional permit; appropriate sanitary conditions must be maintained at all times of operation.

CONDITIONS: When assuming ownership and operation of an existing foodservice establishment it is important to understand that the establishment was originally designed based on a specific menu and foodservice operating procedures. Conditions may be imposed that prohibit catering, seating, extended operating hours, multi-use utensils and the preparation of some types of foods.



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**Lincoln County Environmental Health
TRANSITIONAL FOOD ESTABLISHMENT PERMIT APPLICATION**

1) State Identification Number for existing establishment that you are assuming or buying:
02055 _____

2) Name of Facility: _____

3) Owner/Permittee: _____

4) Property Address: _____

5) Applicant Phone: _____ Business Phone: _____

6) Email: _____

7) Mailing Address: _____

SUBMITTALS:

- 8) Did you record the Id number above (#1) as listed on the current permit for this establishment?
- 9) Menu of all foods and drinks proposed for service.
- 10) Equipment specifications for replacement equipment (if applicable). Be advised: The addition of equipment that did not already exist is PROHIBITED.
- 11) Describe the scope of work performed. Include equipment replacements, painting, sealing and the addition of lighting. Cleaning is not considered work performed.

WATER SUPPLY AND WASTEWATER DISPOSAL:

12) Is this facility connected to an **onsite wastewater system**? ☐ *Yes ☐ No

***BE ADVISED:** the existing onsite wastewater system was designed based on conditions of the initial foodservice operation such as menu, seating, square footage of kitchen space, etc. The restrictions or conditions of the original onsite wastewater permit must be upheld. Number of seats or customers served, categories of food served and hours of operation will be limited or conditioned so as not to adversely affect the onsite wastewater system.

13) Is this facility connected to an **onsite water supply system** such as a well? ☐ *Yes ☐ No

***Water sampling is required.** Samples will be taken by this department annually and you are responsible for having quarterly samples taken by a certified lab.

14) Do you understand that this facility was originally designed and constructed to suit a specific menu and may not accommodate the new menu of foods that you wish to prepare and serve? ☐ Yes ☐ No

15) Do you understand that conditions may be imposed on the categories of food served, number of seats or persons served, hours of operation, types of customer utensils allowed and any other conditions necessary for this foodservice operation to remain in compliance with the Rules Governing the Food Protection and Sanitation of Food Establishments 15A NCAC 18A .2600? ☐ Yes ☐ No

Print Name: _____ (Owner)

Signature: _____ Date: _____

IF APPLICABLE, DESCRIBE THE SCOPE OF WORK PERFORMED: Include equipment replacements, painting, sealing and the addition of lighting. Cleaning is not considered work performed.

HOURS OF OPERATION:

Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

Indicate any **specialized processes** that will take place: (Approval required)

Curing Acidification (sushi, etc) Reduced Oxygen Packaging (eg: Vacuum)
Smoking Sprouting Beans Other

Explain checked processes: _____

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 aged children

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F or below within 6 hours:

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill Equipment				

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed:

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70oF				
Cooked From 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.

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

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

[illegible]

WHAT TYPE OF CUSTOMER UTENSILS WILL BE USED?

1. Single-service customer utensils (disposable): Plates Glassware Silverware
2. Multi-use customer utensils (reusable): Plates Glassware Silverware

WAREWASHING EQUIPMENT: (check all that apply)

a. Manual Warewashing (minimum 3-compartment sink)

What type of sanitizer will be used for all utensils cleaned in the warewashing sink?

Chlorine

Quaternary Ammonium

Hot Water maintained at 180°F by equipment designed for manual hot water sanitizing.

Other: Product name and EPA registration # _____

b. Mechanical Warewashing

1. Will a warewashing machine be used? ☐ Yes ☐ No
2. Type of sanitization: ☐ Hot water (180°F) ☐ Chemical

ALTERNATIVE OR ADDITIONAL OPERATIONS:

1. Is this establishment currently used as a shared-use kitchen space providing a base of operation for a mobile food unit or hot dog push cart? ☐ Yes ☐ No

If YES, list business names: _____

2. Will any **virtual brands** be provided? ☐ Yes ☐ No

If YES, list brand names: _____

Menu to be served: (attach separate menu)

Estimated number of meals per week: _____

GENERAL

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be clean and sanitized:
