



Buncombe County Health and Human Services

Public Assistance & Work Support Strategies ~ Public Health ~ Social Work Services ~ Veterans Services

Stoney Blevins
Health and Human Services Director

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

Owner Name: _____

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

P.O. Box 7408, Asheville, NC 28802
(828) 250-5500

buncombecounty.org

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health & Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

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: _____

Environmental Health Services

Attn: Plan Review

30 Valley Street

Asheville, NC 28801

P: (828) 250-5016 F: (828) 250-6161

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CHECKLIST

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 3 days prior to the projected opening date.

***If applicable**