



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

Areas designated for EMPLOYEES to eat, drink, and use tobacco shall be located so that FOOD, EQUIPMENT, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES are protected from contamination.

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

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: _____

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**

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals served between product deliveries:

Breakfast _____ Lunch _____ Dinner _____

Number of Seats _____ Facility Total Square Feet _____

Projected Start of Construction _____ Projected Completion Date _____

Type of Food Service:

Check all That Apply

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain) _____

- Sit-down Meals
- Take-out Meals
- Catering

Single-service (disposable):

Plates Glassware Silverware

Multiuse (reusable):

Plates Glassware Silverware

Indicate any Specialized Processes that will take place:

- 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

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

-Reach-in refrigerator storage: _____ ft³

-Reach-in freezer storage: _____ ft³

-Number of reach-in refrigerators: _____

-Number of reach-in freezers: _____

Cubic-feet of walk-in cold storage:

-Walk-in refrigerator storage: _____ ft³

-Walk-in freezer storage: _____ ft³

HOT HOLDING

Food that will be hot held:

COLD HOLDING

Food that will be cold held:

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41^oF within 6 hours. If "Other" is checked, please explain:

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed. If "Other" is checked, please explain.

Thawing Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Running water <70 ^o F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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, packages, etc.)
 - Where the food will be stored
 - Where (specific pieces of equipment with their corresponding equipment schedule #'s) 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)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

DRY STORAGE

Provide information of the frequency of deliveries and the expected gross volume that is to be delivered each time:

Square feet of dry storage shelf space: _____ ft²

Where will dry goods be stored?:

FINISH SCHEDULE

Indicate floor, wall, and ceiling finishes (e.g., quarry tile, stainless steel, and vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				
Other				

WATER SUPPLY-SEWAGE

1. Is water supply: Municipal Well Is sewer: Municipal Septic
2. Will ice: Be made on premises Purchased
3. Water heater:
 - a. Tank type
 - i. Manufacturer and model: _____
 - ii. Storage capacity: _____gallons
 1. Electric water heater: _____kilowatts (kW)
 2. Gas water heater: _____BTU's
 - iii. Water heater recovery rate (gallons per hour at 80^oF temperature rise):
 _____GPH (See also water heater calculator on the plan review website to calculate recovery rate needed)
 - b. Tankless
 - i. Manufacturer and model: _____
 - ii. Quantity of tankless water heaters: _____
 (See also water heater calculator on the plan review website to calculate number of tankless water heaters needed)
4. Check the appropriate box indicating equipment drains

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Other				

WAREWASHING EQUIPMENT

1. Manual Warewashing

- a. Size of sink compartments (inches): Length _____ Width _____ Depth _____
- b. What type of sanitizer will be used?:
Chlorine Iodine Quaternary Ammonium Hot Water Other (specify)

2. Mechanical Warewashing

- a. Will a warewashing machine be used: Yes No
- b. Type of Sanitization: Hot Water Chemical

3. General

- a. 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 cleaned and sanitized.

- b. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space as well as:

Square feet of air drying space: _____ ft²

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCLABLES

1. Will refuse be stored inside?: Yes No
If yes, where? _____
2. Provision for refuse disposal: Dumpster Compactor
3. Provision for cleaning dumpster/compactor: On-site Off-site
If off-site cleaning, provide name of cleaning contractor: _____
4. Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

SERVICE SINK

1. Location and size of service (mop) sink/can wash: _____
2. Is a separate mop storage area provided? Yes No
If yes, describe type and location: _____

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

1. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:

Environmental Health Services
Attn: Plan Review
30 Valley Street
Asheville, NC 28801
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EHRequest@buncombecounty.org