



Lincoln County Environmental Health

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TRANSITIONAL FOOD ESTABLISHMENT PERMIT APPLICATION TO OBTAIN A PERMIT TO BUY, ASSUME OR OPEN AN EXISTING OPERATIONAL FOODSERVICE ESTABLISHMENT

This application is to be used when buying or assuming an existing foodservice establishment. 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).

Buying, Assuming, or Re-Opening an Existing Establishment

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.**

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.

A transitional permit can only be issued when the establishment has an existing 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.

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.

When opening 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.

MISSION STATEMENT

The Lincoln County Health Department provides quality health services to promote a healthy community.

VISION STATEMENT

Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.

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

- 1) Name of Facility: _____
- 2) Owner/Permittee: _____
- 3) Property Address: _____

- 4) Applicant Phone: _____ Business Phone: _____
- 5) Email: _____
- 6) Mailing Address: _____

SUBMITTALS:

- 1) Menu of all foods and drinks proposed for service.
- 2) Equipment specifications for replacement equipment (if applicable). Be advised: The addition of equipment that did not already exist is PROHIBITED.
- 3) 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:

- 4) 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.

- 5) 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.

- 6) 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
- 7) 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: _____
(Owner)

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:
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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

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				

4. MEAT HANDLING

5. SEAFOOD HANDLING

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.

b. Mechanical Warewashing

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

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:
