

# FOOD SERVICE ESTABLISHMENT APPLICATION

Environmental Health Unit  
2514 S. Croatan Hwy, Nags Head  
PO Box 669, Manteo NC 27954 | 252.475.5080

**Type of Application:**  New Application  Remodel  Change of Ownership/Transitional Permit

**Type of Operation:**  Restaurant (With Seating)  Foodstand (No Seating)  Drinkstand (Glassware Only)  
 Meat Market  Commissary  Other: \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

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

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

**Permittee Mailing Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_ **Projected Start Date:** \_\_\_\_\_

*Please complete the following information about the facility:*

**1) HOURS OF OPERATION** – List the hours for each day that the facility will be in operation:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**2) PROJECTED NUMBER OF MEALS** – List the number of meals projected between deliveries:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

**3) TYPE OF FOOD SERVICE** – Indicate the types of meals that will be served:

Sit-down Meals\*  Takeout Meals  Catering \***Number of Proposed Seats:** \_\_\_\_\_

**4) TYPE OF UTENSILS USED** – Indicate the type of utensils used:

- Single-Service (disposable):  Plates  Glassware  Silverware
- Multi-use (reusable):  Plates  Glassware  Silverware

**5) RAW/UNDERCOOKED FOODS** – Will any menu items be served raw or undercooked?

Yes  No If yes, consumer advisory required on menu. List menu items: \_\_\_\_\_

**6) EMPLOYEE HEALTH POLICY** – Does the facility currently have an employee health policy in place?

Yes       No      If yes, please explain how staff is trained on employee health requirements:

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**7) SPECIALIZED PROCESSES** – Indicate if any of the following processes that will be used during preparation:

Curing       Acidification (sushi rice, etc.)       Reduced Oxygen Packaging (vacuum-sealing)  
 Smoking       Sprouting Beans       Other       N/A

**8) HIGHLY SUSCEPTIBLE POPULATIONS** – Indicate if any of the following populations will be served or catered:

Nursing Home       Assisted Living Center       Child Care Center       Health Care Facility  
 School with Pre-school Aged Children       N/A

**9) COLD STORAGE FACILITIES** – Provide the total number of refrigerators and freezers and total cubic feet.

Type of Cold Storage Unit	Number of Units	Cubic Feet (listed on spec sheet)
Reach-in Refrigerators		
Reach-in Freezers		
Sandwich/Prep Refrigerators		
Walk-in Cooler		
Walk-in Freezer		
Other Units		

List items that will be held cold: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10) HOT STORAGE FACILITIES** – Provide the type and total number of hot storage units:

Type of Hot Storage Unit	Number of Units	Manufacturer/Model
Tabletop Steamer/Warmer		
Steam Table		
Hot-holding cabinet		
Other Units		

List items that will be held hot: \_\_\_\_\_  
 \_\_\_\_\_



**12) THAWING**

Will foods be thawed in the facility?  Yes  No  
 If yes, list the food item and check the type of thawing procedure used in the chart below:

Food Item	Refrigerator	Running Water (less than 70 F)	Cooked Frozen	Microwave	Other

**13) DRY STORAGE** – Describe the storage location of the items listed below:

Single-service items (paper plates, utensils, cups, etc.)

Food items (condiments, bread, etc.):

Chemicals:

Employee personal items:

How many deliveries are expected each week?

**14) FACILITY DETAILS** – Provide details pertaining to the facility below:

**WATER SUPPLY**

What type of water supply is provided?  Municipal/Public  Well\*  
 Ice used by the facility will be:  Made on the Premises  Purchased

**WASTEWATER SYSTEM**

What type of wastewater system is provided?  Municipal/Public  Septic System\*

**\* If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements.**

**WATER HEATER**

Type of water heater proposed:  Tankless  Storage Tank

If storage tank type, what is the capacity? \_\_\_\_\_gallons

1. Manufacturer & Model Number: \_\_\_\_\_

How is the water heater powered?  Electric \_\_\_\_\_kilowatts (kW)  Gas\_\_BTU

Water recovery rate\* (gallons per hour at 80 F temperature rise: \_\_\_\_\_GPH

**\*(calculator can be found at <https://ehs.ncpublichealth.com/faf/food/planreview/app.htm>)**

**HAND SINKS**

Number of hand sinks in the facility: \_\_\_\_\_

Location of hand sinks: \_\_\_\_\_

**UTENSIL WASHING EQUIPMENT**

- b. Number of sink compartments: \_\_\_\_\_
  - o Size of sink basins: **Length** \_\_\_\_\_ inches **Width** \_\_\_\_\_ inches **Depth** \_\_\_\_\_ inches
- c. Where will dishes and utensils be air-dried? \_\_\_\_\_
- d. What type of sanitizer will be used?  Chlorine  Quat  Hot water (at least 171 F)
- e. Describe how large food contact equipment (slicers, cutting boards, cooking equipment, prep tables) will be cleaned and sanitized: \_\_\_\_\_
- f. Will a dish machine be used?  Yes  No
  - o Manufacturer & Model Number: \_\_\_\_\_
  - o Type of Sanitization:  Chemical  Hot water

**FINISHES** – Indicate floor, wall, ceiling, and baseboard materials in the chart below:

Area	Floor	Walls	Ceiling	Baseboards
Kitchen				
Cook Area				
Food Storage				
Dry Storage				
Bar				
Restrooms				
Garbage/Mop Area				
Other				

**PLUMBING** – Check the appropriate box in the chart below for drain types serving equipment:

Fixture	Floor sink/drain	Indirect Drain	Direct Drain	N/A
Dishwashing Sink			-----	
Food Prep Sinks			-----	
Handwashing Sinks				
Dish Machine				
Ice Machine			-----	
Display Case			-----	
Dipper Well				
Refrigeration Equipment				
Steam Tables/Steamers				
Other				
Other				

**REFUSE & RECYCLABLES**

- i. Where will refuse be stored?  Inside  Outside  
1. If inside, where will refuse be stored? \_\_\_\_\_
- ii. How will refuse be disposed of?  Dumpster/Compactor   
Municipal  Convenience Site   
1. Where will dumpster or compactor be cleaned? Off-site On-site  
2. If off-site cleaning provided, provide name of contractor: \_\_\_\_\_
- iii. Describe size and location of the mop sink or can wash area: \_\_\_\_\_

**PEST CONTROL**

- iv. How are all outside doors protected?  Self-closing  Fly fan  Screen door
- v. How are outside windows protected?  Screens  Self-closing

**Statement:** I hereby certify that the information provided herein is accurate to the best of my knowledge.  
I understand that:

- vi. Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.
- vii. Food service facilities which are found to be non-compliant with the design standards listed in 15ANCAC 18A .2600 "Rules Governing Food Protection and Sanitation of Food Establishments" will not receive an operational permit from this Department.
- viii. Approval of this application or issuance of an operational permit by Dare County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.

Signature of Applicant/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLINE PLAN REVIEW GUIDELINES:**

<https://ehs.ncpublichealth.com/faf/food/planreview/docs/plan-review-for-food-establishments-guide-2016-final.pdf>

**ONLINE NC FOOD RULES:**

<https://ehs.ncpublichealth.com/faf/docs/foodprot/15A-NCAC-18A-2600-FINAL.pdf>

**ONLINE NC FOOD CODE:**

<https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

## Submittal Checklist:

\_\_\_\_\_ Contact the local County/Town Planning and Zoning and Building Departments within the area you propose to have your facility to ensure the facility meets proper codes.

\_\_\_\_\_ Complete set of floor plans. The plans should be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot. The floor plan must show:

- All food service equipment such as refrigeration, freezers, ice machine, slicer, dishwasher, prep tables, cooking equipment (fryers, grills, etc.)
- Prep sinks, hand sinks and three compartment sinks
- Food service prep areas
- Storage facilities such as dry storage, chemical storage, employee personal belongings storage
- Trashcan wash/service facilities(mop sink) and bathrooms(self-closing door)

\_\_\_\_\_ Site plan locating exterior equipment. An outdoor storage surface for this equipment shall be constructed of nonabsorbent material such as concrete or asphalt and shall be SMOOTH, durable, and sloped to drain.

- dumpsters
- waste grease retention

\_\_\_\_\_ Specifications on all equipment. Food service equipment must meet or be listed by the following Agencies as meeting National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) standards. Equipment exempted from these standards: hoods, hot water heaters, microwaves, toasters and mixers.

\_\_\_\_\_ Complete menu with consumer advisory (if applicable)

\_\_\_\_\_ On Site Waste Water Application (unless on public sewer)

\_\_\_\_\_ Employee Health and Hygiene Policy

\_\_\_\_\_ Completed Food Service Establishment Plan Review Application

\_\_\_\_\_ Non-refundable plan review fee: \$250

Please submit application at least 30 days prior to construction, or the projected opening date of pre-existing establishment, per 15A NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual. If you have any questions, contact Dare County Environmental Health Services at 252-475-5080.



### County of Dare

Department of Health & Human Services

P.O. Box 669 | Manteo, NC 27954

Health 252.475.5003 | Social Services 252.475.5500 | Veterans Services 252.475.5604 | [darenc.com/hhs](http://darenc.com/hhs)