



ALAMANCE COUNTY
Health Department

Environmental Health Section
209 North Graham-Hopedale Road
Burlington, NC 27217-2971
<http://www.alamance-nc.com/envhealth/>

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Transitional Permit Application

\$145 transitional permit fee **NO REFUNDS **Complete menus from the current facility and the proposed new menu must accompany this application.**

Current Name of the Establishment: _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____ **# of Seats Provided:** _____

Current Owner: _____ (Person, Corporation, or Partnership)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

New Name of Establishment (if changed): _____

New Owner: _____ (Person, Corporation, or Partnership)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____ **# of Seats Proposed:** _____

Projected Date of Purchase: _____

Proposed hours of operation: _____

WATER SUPPLY -- SEWAGE DISPOSAL

☐ Municipal ☐ Well -- ☐ Municipal Sewer ☐ Septic Tank System

☐ Ice made in facility ☐ Purchased From Where: _____

Water heater storage capacity: _____ gallons Recovery Rate: _____ gal/hour @ 100° Rise

DISHWASHING FACILITIES

Utensil washing / pot washing sink: Number of sink compartments: _____

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

Length of drainboards (inches): Right: _____ Left: _____

Will a dish machine be used? _____ Make/ Model: _____

☐ Hi-Temp ☐ Chemical

Method used for general sanitizing of surfaces: ☐ Chlorine ☐ QAC ☐ Other: _____

TYPE OF FOOD SERVICE:

☐ Restaurant ☐ Food Stand (no seats provided) ☐ Commissary for MFU or Pushcart

☐ Drink Stand (no food served – glassware washed) ☐ Meat Market

CHECK ALL THAT APPLY:

☐ Sit down meals ☐ Take-Out Meals ☐ Catering ☐ Pre-packaged take home and cook meals

☐ Single Service (Disposable) dishware, glassware, and utensils

☐ Multi-use (Washed in Facility) dishware, glassware, and utensils

☐ Other (please describe): _____

THAWING

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. More than one method may apply:

Thawing Process	Thick Meats	Thin Meats	Seafood	Poultry	Baked Goods
Refrigeration					
Running Water less than 70°F					
Cooked Frozen					
Microwave					

COOLING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 41° F (7°C) within 6 hours:

Cooling Process	Thick Meats	Thin Meats	Seafood	Poultry	Baked Goods
Shallow Pans					
Ice Baths					
Rapid Chill					

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? _____

DESCRIBE IN DETAIL ANY FOOD PREPARATION PROCEDURES THAT MAY BE CONSIDERED ATYPICAL OR DIFFERENT: (The food preparation procedures should include: types of food prepared, time of day prepared, equipment used for preparation)

(Use separate sheets if needed)

PRODUCE PREPARATION:

Will produce be purchased fully prepared and pre-rinsed? ☐ Yes ☐ No

If not, where will the produce be prepared and/or rinsed? _____

SEAFOOD PREPARATION:

Will seafood be purchased fully prepared and pre-rinsed? ☐ Yes ☐ No

If not, where will the seafood be prepared and/or rinsed? _____

POULTRY PREPARATION:

Will poultry be purchased fully prepared and pre-rinsed? ☐ Yes ☐ No

If not, where will the poultry be prepared and/or rinsed? _____

PORK and/or RED MEAT PREPARATION:

Will pork and/or red meat be purchased fully prepared and pre-rinsed? ☐ Yes ☐ No

If not, where will these meats be prepared and/or rinsed? _____

DELIVERIES

Please provide information on the frequency of deliveries for the facility: _____

Please list any changes that you are considering for this facility:

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from Alamance County Environmental Health may nullify facility approval. I also understand that I cannot operate a food service facility until a transitional permit is issued.

Signature: _____ **Date:** _____
(Owner or Owner's Representative)