

Forsyth County Department of Public Health Environmental Health

Transitional

Permit Application

Forsyth County Dept. of Public Health 799 N. Highland Avenue Winston-Salem, NC 27101

> (336) 703-3225 www.forsyth.cc/PublicHealth

> > Transitional Permit Application April 2007

Forsyth County Department of Public Health

Dr. C Timothy Monroe Health Director Robert E. Whitwam, Environmental Health Director



Transitional Permit Application

Name of Establish	hment:		
			Zip Code:
Phone Number:		Fax:	
Current Facility C	Owner :		
Mailing Address:			
City & State:			Zip Code:
Phone Number:		Fax:	
New Owner:]	Representativ	ve:
()	Person, Corporation or Partnership Name)		(Contact Person for Corporation, etc.)
Mailing Address:			
City & State:			Zip Code:
Phone Number:		Fax:	
E-mail Address			

Projected date of purchase: _____

A menu must be submitted with this completed form along with a floor plan drawn to a $\frac{1}{4}$ " =1'scale or larger, so that your project can be given due consideration. All equipment must be shown and be identified as to what it is, who the manufacturer is and the model number if available. Please list separately any menu changes you propose in the new facility.

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Hours of	Operation:								
Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Number of	f seats:	_ Fa	cility total squ	are feet:					
TYPE OF	FOOD SERVI	CE: (CHECK A	ALL THAT AI	PPLY)					
Re	staurant		Sit-l	Down meals					
Food Stand (no seats provided)			Tak	Take-out					
Drink Stand			Single-service (disposable) dishes and/or utensils						
(no food s	erved but using i	multi use glassw	vare)						
Co	ommissary		Cate	ering					
Me	eat Market		Mul	Multi-use (reusable) dishes and/or utensils					
Loo	lging Facility		Othe	Other (explain):					

THAWING

FOOD PROCESSING PROCEDURES

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

Thawing Process	Red Meats	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as part of cooking process					

COOLING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45[°] F rapidly after being cooked.

Cooling Process	Meats	Seafood	Poultry	Soups	Sauces
In the Refrigerator					
Using Shallow Pans					
In an Ice Baths					
Using a Rapid Chill					
Refrigerator					

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:

WATER SUPPLY- SEWAGE DISPOSAL

1. Is water supply: Municipal _____ Well_____

Is sewer: Municipal_____ Onsite Septic Tank System_____

2. Will ice: be made on premises_____ or purchased_____

3.	Water heater storage capacity: gallons and total power inputBtu	ı or	kW.
4.	Water heater recovery rate (gallons per hour at 100°F temperature rise):	gallons j	per hour
D	ISHWASHING FACILITIES		
Ut Nu Si	tensil washing / pot washing sink: umber of sink compartments: ze of sink compartments (inches): Length: width: Left:		
Cl	ease indicate what method of sanitizing will be used? hlorine: Iodine: QAC: Booster Heater (180 ⁰ F): ther (specify):		
W	/ill a Dishmachine be used? Yes No		
	so, please provide the manufacturer and model # for the shmachine:		
Ту	ype of sanitization: Hot water (180°F) Chemical		
P	lease 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 the Forsyth County Division of Environmental Health may nullify facility approval.

Signature: _____

_____ Date: _____

(Owner or Owner's Representative)