

11. Indicate the distance and time for transporting food or beverage to the food service site.

Distance: _____ Time: _____

12. How will food temperatures be maintained during transportation? _____

13. Describe equipment to be used at the event for:

a.) Cold holding _____

b.) Hot holding _____

c.) Cooking _____

14. Will any food be cooled down or reheated? **Yes** * **No** *If yes, prior approval from Health Department required. You will be notified if cooling is approved. Describe which types of food that will be cooled, the method for cooling, and the method for reheating: _____

15. Will facility serve any raw or undercooked items (i.e. medium rare burgers, over easy eggs, etc) that require a Consumer Advisory as defined in Chapter 3-603.11 of the NC Food Code? **Yes** **No**

16. Will facility have any items that require date marking as defined in Chapter 3-501.17 of NC Food Code? **Yes** **No**

17. How will facility comply with the Employee Health policy requirement as defined in Chapter 2-201 of NC Food Code? (a sample Employee Health Policy form can be emailed to you upon request)

18. How will facility comply with the no bare hand contact of ready to eat foods requirement?
Gloves Utensils with Handles Deli Sheets Other: _____

19. Handwashing Station: Plumbed sink Gravity flow Other _____

20. What is the source of ice that will be used? _____

21. Water source: On-site municipal supply On-site well
Other : _____

22. Will produce be washed? **Yes** * **No** *If yes, a food prep sink shall be provided.

23. Will 3 basins be provided for washing, rinsing, and sanitizing utensils? **Yes** **No**
***Please note that wash water must be at least 110F.**

What type of sanitizer will be used: Chlorine Quat Ammonia Other : _____

24. How will you dispose of wastewater: _____

*** Please note that all hoses and wastewater containers must be labeled.**

25. What type of barrier will be used to shield food or food contact surfaces from contamination by the public?

26. Will all areas where food is prepared or stored and utensils are washed or stored have overhead protection? **Yes** **No**

27. Are all lights shatterproof or shielded? **Yes** **No**

28. What type of ground covering will be provided if there is no asphalt, concrete, or grass? _____

29. Means of garbage disposal: Dumpster Trash cans collected on-site Other : _____

30. Complete menu on following page.

31. Sketch a layout of food booth on 4th page.

32. Complete a list of equipment on 5th page.

Menu Page

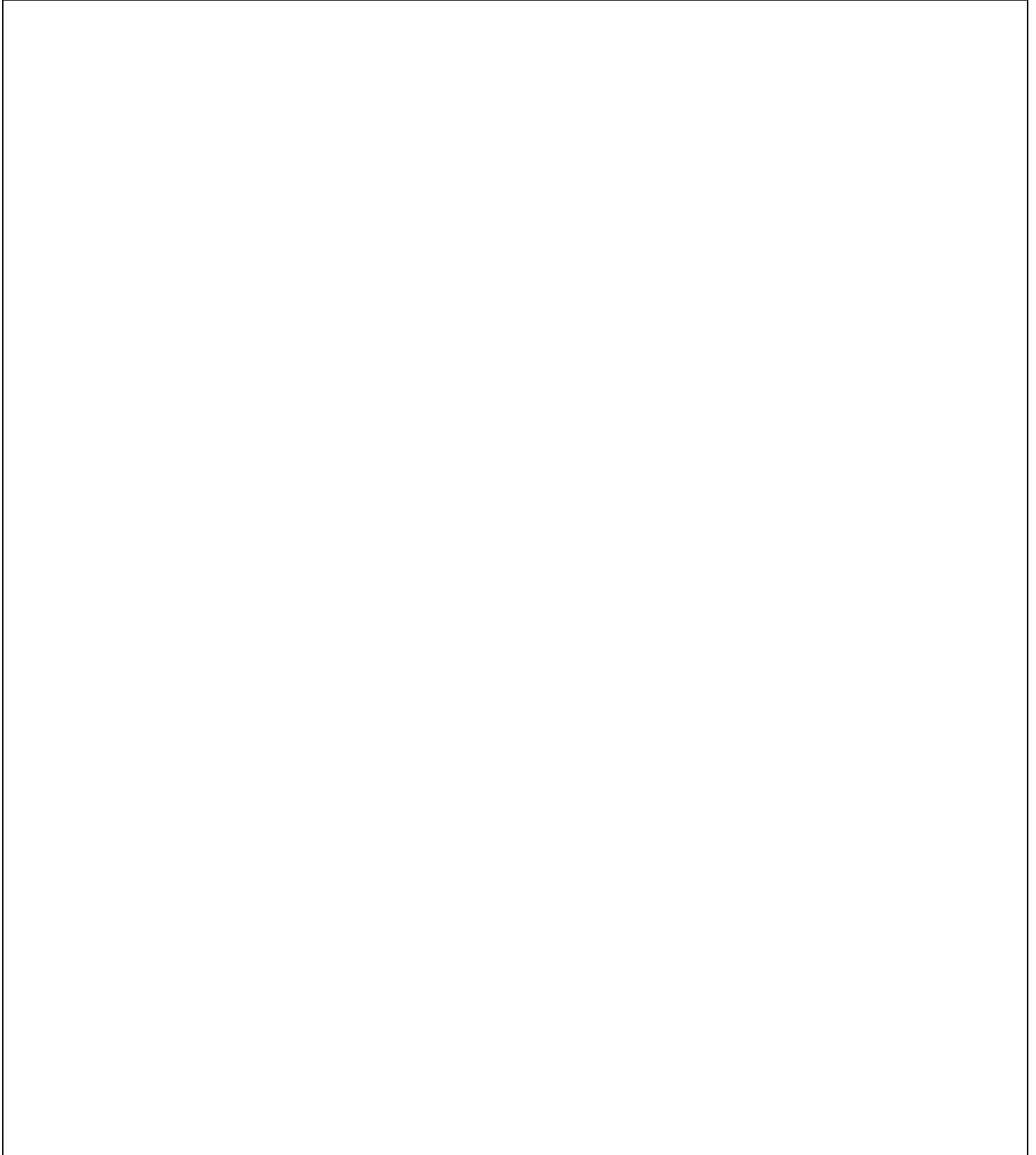
PLEASE LIST ALL FOOD TO BE SERVED. INCLUDE HOW YOU PLAN TO KEEP POTENTIALLY HAZARDOUS FOOD HOT (135F or greater) OR COLD (45F or less). The Health Department is to be notified of menu changes at least 48 hours in advance of the event. Food items not listed may result in a delay of issuance or denial of a permit. It is strongly recommended that only prewashed produce be purchased and used in a temporary food establishment. Please use one row for each food item and include all beverages. (If chart is not sufficient then make copy to enter additional items.)

Receipts or invoices must be provided for all food purchased.

(*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED)

Food (Example)	Food Supplier Or Source	Thaw How? Where?	Cut/Wash Assemble Where?	Cook How? Where?	Cold/Hot Holding How? Where?	Reheating How?	Will this item be reheated for next day use?
Hamburgers	Frozen Patties from Sam's Club	No thawing	No advance prep	Cooked on grill at event.	Hold in a crock with beef broth	No reheating needed.	No Disposed of at end of day
Prepackaged condiments	Sam's Club	Not Applicable	N/A	N/A	N/A	N/A	

31. Sketch a layout of the food booth including utensil washing area, hand wash station(s), prep areas, equipment, tables, etc.



32. Complete a list of equipment include all hot holding units, cooking equipment, refrigeration/freezers, coolers, sinks, etc.

Equipment Number	Equipment Type	Brand	Model Number
1	Example- Upright Storage Freezer	Electrolux	FCFS20
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Statement from Applicant: I certify the information in this application is complete and accurate. I understand the ADHD (Appalachian District Health Department) does not provide verbal approval of plans or for deviation from approved plans, and that any deviation from the plans and procedures in this application without prior written permission from the ADHD may nullify final approval and result in my not obtaining a permit, or having the permit suspended or revoked after it is issued.

Signature: _____

Date: _____

APPLICATIONS SUBMITTED WITHIN 15 DAYS OF THE EVENT WILL NOT BE ACCEPTED AND NO PERMIT WILL BE ISSUED.

Please mail/fax completed application packets along with the \$75 fee to the address in the applicable county where event will be held:

**Appalachian District Health Department
Attn: Environmental Health**

Watauga County

126 Poplar Grove Connector
Boone, NC 28607
Phone: 828-264-4995
Fax: 828-264-4997

Ashe County

P.O. Box 208
Jefferson, NC 28640
Phone: 336-246-3356
Fax: 336-846-1039

Alleghany County

P.O. Box 309
Sparta, NC 28675
Phone: 336-372-8813
Fax: 336-372-7793

THIS SECTION IS FOR USE BY APPALACHIAN DISTRICT HEALTH DEPT STAFF

Revised 12-2013

Approval of these plans and specifications by the Appalachian District Health Dept does not indicate compliance with any other code, law, or regulation that may be required- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state .2600 Rules Governing Food Service Establishments.

Plan Approval By: _____ **Date:** _____

Notes:
