



Cleveland County

315 E. Grover Street, Shelby, NC 28150 (704) 484-5130 Fax (704) 484-5135
Environmental Health



For Additional Information please visit:

www.clevelandcounty.com/cchd/environmental-health

APPLICATION FOR PERMIT TO OPERATE A FOOD HANDLING ESTABLISHMENT

*****Zoning approval is required prior to submitting this application.**

Plan Review requires \$250 for new construction and remodel or change of existing facilities ONLY

No Charge for actual permanent or transitional permits to operate.

Name of Establishment: _____

Establishment Address: _____

Directions to property: _____

Telephone Number: _____

Owner of Business: _____

Mailing Address: _____

Email Address: _____

Telephone #: _____

Owner of Building: _____

Mailing Address: _____

Telephone #: _____

Type of Facility: ___ Restaurant with seating, Number of Seats _____, square footage _____
___ Food Stand, specify square footage _____ (No more than 8 seats. *Ref. Session Law 2015-104 Sect. 1.*)
___ Meat Market _____ School Lunchroom
___ Educational Food Service _____ Elderly Nutrition Site, Prepared on Site
___ Mobile Food Unit _____ Push Cart

Proposed Opening Date: ___/___/___

Is this facility new construction? ___ Y ___ N, or

If no, does this facility currently hold a valid foodservice permit? ___ Y ___ N



** If there is a valid food service permit you may be eligible for a transitional permit. If so, contact the Cleveland County Environmental Health to determine if the facility is eligible for a transitional permit. Otherwise complete the remainder of this application.

Meals prepared/ hours of operation: _____

Breakfast ___ Lunch ___ Dinner ___
 Self Service ___ Hot Bar ___ Salad Bar ___ Sushi Bar ___ Country Buffet ___

PHYSICAL REQUIREMENTS/ Water & Sewer Information:

City Sewage ___ OR On-Site Septic System ___

City Water ___ OR Private Well Water ___

Grease Interceptor provided? ___Y ___N

Is building used for any purposes other than food service? ___ Y ___ N

If yes, then explain: _____

Garbage Disposal:

Will you be providing a garbage dumpster/roll out container? ___ Y ___ N, or grease dumpster ___ Y ___ N

Do you plan to recycle cardboard, aluminum, glass or metal cans? ___ Y ___ N

Sanitizing:

Utensil type for customer: ___ disposable, or ___ re-usable multi-use utensils

Indicate the sanitizing method (hot water/chemical) and dishwasher, manual warewashing, or both.

**A three compartment sink is required for warewashing, other requests may be approved pending variance approval.*

Hot water heaters and on demand hot water heaters will need to be sized based on the fixtures in the facility, the capacity will be determined using the sizing calculator provided by the NCDHHS Plan Review unit <http://www.deh.enr.state.nc.us/faf/food/planreview/docs/WaterHeaterCalculator-1112.xls>

Receiving:

Indicate in as much detail the handling procedures for the following categories of items.

How will the food be received? (Frozen, fresh, shelf stable packaging) Will the food be delivered from source? Describe: _____

Specialized Food Processes:

Do you plan to have any specialized food processes?

___ Curing ___ Acidification ___ Reduced Oxygen Packaging
 ___ Smoking ___ Sprouting Beans ___ Other

Do you have a written variance for these processes? ___ Y ___ N

Cooling:

Do you plan to cool any food items for (ie. Chicken Salad, Leftover foods, etc) ___Y ___ N

If so list product and indicate proposed cooling method(s) for each food.

1. _____
2. _____
3. _____
4. _____

Food Preparation and Handling:

How will the food be handled? (Washed, marinated, cut, breaded, thawing, etc.)

- Ready-To-Eat Foods: _____

- Produce: _____

- Poultry: _____

- Meat: _____

- Seafood: _____

Consumer Advisory:

Do you plan to offer any raw or undercooked animal foods, or will any of the food products that you serve have any raw or undercooked animal foods? Y N

If so, how are you going to advise the consumer of such hazards? (menu, table top tent, placard on wall) _____

Time as Public Health Control:

Will you be using time instead of temperature to control potentially hazardous foods. Y N

If so, please submit a copy of your written procedures for review along with other documentation.

Person-in-Charge/ Manager:

Is the future person(s)-in-charge a certified food protection manager from an ANSI-Accredited program.

Y N If yes, please list names below:

Employee Health Policy:

An Employee Health Policy or method of requiring employees to report symptoms and certain illnesses as described in 2-201.11-13 of food code will be required. Please refer to Annex 2.2 in the following

link: <http://ehs.ncpublichealth.com/faf/food/foodcodeannex.htm>

To assure that your application is processed in a timely manner, you must submit a completed application, which includes the following:

Zoning Permit

Proposed menu

Seating capacity

Site Plan showing the following: all structures, property lines, wells, septic systems, and Dumpster/ recycling bins.

Building floor plan **drawn to scale** showing the location of the following: All sinks (dishsink, hand sink, food prep sink(s), mop sinks, etc.) refrigeration, prep tables, bathrooms, dining room, dry storage, chemical storage, and other equipment (ie: deep fryer, slicer, ovens, hoods, etc).

List the type of finishes and materials used in the construction of the floors, walls and ceilings of each room.

Important basic design information:

All equipment shall be NSF rated or equal, other than toasters, mixers, microwave ovens, and hot water heaters. Manufacturer’s specification sheets for each piece of equipment should be included.

At least one (1) hand wash sink shall be located in the food preparation area.

Plans shall be approved by the Cleveland County Health Department prior to initiating construction. Construction shall comply with approved plans. Any and all revisions made to plans after initial approval must be re-submitted.

Review and approval of these plans and specifications by the Cleveland County Health Department does not indicate compliance with any other federal, state, or local code, law or regulation. A pre-opening inspection of the establishment with equipment will be necessary to determine compliance with the local and state laws governing food service establishments. You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.

ZONING / BUILDING INSPECTION

FIRE MARSHALLS

Shelby 704-484-6805

704-484-6816

Kings Mountain 704-734-4599

704-734-0555

Cleveland County 704-484-4975/ 4997

704-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

Date Application Submitted: ___/___/___

Applicant’s Signature: _____