



Transitional Permit Application

New Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address _____

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New Owner: _____ (Person, Corporation or Partnership)

Mailing Address: _____

City & State: _____

Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

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Current Name of Establishment: _____

Current Owner: _____ (Person, Corporation or Partnership)

Mailing Address: _____

City & State: _____

Zip Code: _____

Telephone: _____ - _____ - _____ E-mail Address: _____

Projected date of purchase: _____

A menu must be submitted with this completed form. Submit menu, application and any other information needed to fully explain the proposed operation to:

**Forsyth County Department of Public Health
Environmental Health Plan Review and Permitting
799 N. Highland Ave.**

**PO Box 686
Winston-Salem, NC 27102-0686
HOURS OF OPERATION:**

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Number of Seats: _____ Facility total square feet: _____

TYPE OF FOOD SERVICE: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sit-down Meals |
| <input type="checkbox"/> Food Stand (no seats provided) | <input type="checkbox"/> Take-out |
| <input type="checkbox"/> Drink Stand (no food served but multi use glassware) | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Single-service disposable dishes/utensils |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Multi-use (reusable dishes/utensils) |
| <input type="checkbox"/> Lodging Facility | <input type="checkbox"/> Other (explain): _____ |

THAWING

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 41°F rapidly after being cooked.

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

Indicate any specialized processes that will take place. Specialized processes require a HACCP plan and may need a state variance.

____ Canning ____ Fermentation ____ Curing ____ Acidification (sushi, etc) ____ Smoking
____ Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)
____ Making Cheese ____ Making Jerky ____ Sprouting ____ Juicing ____ Other

List food item (s) if checked _____

FOOD HANDLING PROCEDURES

Explain the food handling process for the items on your menu as detailed as possible. Describe the process and procedures from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored (which refrigerators, freezer, walk-ins, dry storage, etc.)
- Processing of the food(thawing, washed, cut, marinated, breaded, cooked, cooled, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

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 the pork and/or red meat 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 input _____ btu or _____ kw

4. Water heater recovery rate (gallons per hour at 100°F temp rise): _____ gallons per hour

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 _____

Please indicate what method of sanitizing will be used?

Chlorine _____ Iodine _____ QAC _____ Booster Heater (180°F) _____ Other: _____

Will a Dishmachine be used? Yes _____ No _____

If so, please provide the manufacturer and model # for the dishmachine:

Type of sanitization: Chlorine ___ Iodine ___ QAC ___ Booster Heater (180°F) ___ Other: ___

Please list changes that you are considering for this facility. This includes equipment additions, structural, plumbing, lighting, bar additions, etc.

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)