

AppHealthCare

Appalachian District Health Department

Alleghany County

157 Health Services Rd
P.O. Box 309 (mailing)
Sparta, NC 28675
336-372-5641(phone)
336-372-7793 (fax)

Ashe County

626 Ashe Central School Rd
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County

126 Poplar Grove Connector
P.O. Box 307 (mailing)
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

LIMITED FOOD ESTABLISHMENT APPLICATION

Please answer Yes / No to the below questions to determine if your facility is eligible for this type of permit:	Yes	No	
Will any potentially hazardous foods be prepared prior to the day of service?			If yes, establishment must apply for a full restaurant permit. Do not proceed with this application.
Will all meats, poultry, and fish be purchased in a pre-portioned and ready-to-cook form?			If no, establishment must apply for a full restaurant permit. Do not proceed with this application.
Will any produce be washed?			
Will all customer utensils be disposable (single service cups, plates, bowls and plastic forks / spoons / knives)?			If no, establishment must apply for a full restaurant permit. Do not proceed with this application.
Will any outdoor cooking be performed?			If yes, please note that additional requirements may apply. Consult with Health Department.
Does your facility meet the definition of a Limited Food Establishment in G.S 130A- 248 which includes only the following: <ul style="list-style-type: none"> • Hotel breakfast bar • Political subdivision of the State • Establishment operated by volunteers that prepare or serve food in conjunction with amateur athletic events • Establishment operated by organizations that are exempt from federal income tax under section 501(c)(3) or section 501(c)(4) of the Internal Revenue Code 			If no, establishment must apply for a full restaurant permit. Do not proceed with this application.

Existing Operation New Establishment

Dates of Operation: ___/___/___ to ___/___/___ or Calendar Schedule Attached

Name of Establishment: _____

Physical Address: _____
Street City State Zip

Name of Owner/Corporation: _____

Billing Address: _____
Street/ P.O Box City State Zip

Contact Name: _____

Contact Phone #: _____

Emergency Cell Phone: _____

Email: _____

Type of Water Supply: Public Water Private Well Type of Sewer: Municipal Septic

Please list the menu below or attach a separate sheet:

Please list all current or proposed food suppliers (include all commercial distributors, stores or local purveyors):

NEW ESTABLISHMENTS ONLY

Hand Dishwashing: Sink bays must be large enough to accommodate largest utensil.

1. Number of sink compartments: _____
 Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
 Length of drain boards (inches): Right: _____ Left: _____
2. What type of sanitizer will be used? Chlorine: Iodine: Quaternary Ammonium:
 Hot Water(171F+): Other (specify):

Mechanical Dishwashing

1. Will a dish machine be used? Yes No
 Dish machine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) Chemical

Please either provide a separate list of equipment (sinks, refrigerators, freezers, warmers / hot hold units, cooking appliances, food processing equipment, etc) or fill in the below chart:

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

Please provide a diagram of the food prep area, customer self-service area(s) and location of all dry storage areas.

ALL ESTABLISHMENTS

LIMITED FOOD ESTABLISHMENTS PERMITS EXPIRE ON DECEMBER 31ST OF EACH YEAR.

Existing Establishments - a \$75 fee along with this application must be submitted to the Health Department at least 30 days prior to permit expiration per 15A NCAC 18A .2674(2). A new permit from the Health Department shall be obtained before the limited food establishment shall be allowed to operate each year. All items must be in compliance on the permitting inspection.

New Limited Food Establishments – Along with this application, the following must be submitted:

1. \$250 fee
2. Diagram of kitchen layout and of customer self-service area
3. Finishes for floors, walls and ceilings in kitchen and in customer self-service area
4. Equipment specs (or use the chart on page 2)

Name of Person Completing Form: _____

Title: _____

Signature: _____

Date: _____