CABARRUS HEALTH ALLIANCE
at NC Research Campus

Transitional Application for an Existing Food Service Establishment

Transitional permits are valid for only 180 days from the date of issuance. It is the owner's responsibility to complete the permit conditions before the expiration date and notify this department when completed.

Purchase Date: _____

Present Name of Establishment: _____

New Name of Establishment (if changing): _____

Physical Address: _____

City: _____ Zip Code: _____

Phone (if available): _____-_____-_____ Cell: _____-_____-_____

E-mail: _____

Name of Legal Ownership: _____

Type of Ownership (check one): Association ____ Corporation ____ Individual _____

Partnership _____ Other legal entity (describe): _____

Names of Person(s) in Legal Ownership:

_____

_____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Local Contact Person Name: _____

Local Contact Telephone: ____ - _____ - _____ Local Contact email _____

A separate food service plan review application and plan may be required if there are significant changes to menu, kitchen design or equipment for this existing facility.

Will the kitchen be remodeled or will additional equipment be added to the kitchen? Yes ____ No ____

If yes, briefly list the changes that are proposed for the kitchen. _____

_____

_____

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The information below is required for this transitional permit application to be complete:

_____ Attach a proposed menu (including consumer advisory, if raw or undercooked eggs, meat or seafood items will be cooked to order)

List Days and hours of operations:

_____

_____

Check all that apply:

Sit-down meals _____Take-out _____ Single-Service_____ Multi-use utensils _____Catering _____

Total Number of Seats: Inside _____Outside_____

Specialized Food Processing

A HACCP plan is required for these specialized processes: acidification (sushi rice, fermenting, pickling), reduced oxygen packaging (canning, vacuum packaging), sous vide, curing, smoking (for preservation), sprouting beans or drying.

Will a specialized food process be conducted? YES _____NO _____

If yes, a written approval must be in place prior to the use of specialized processes. Use of these processes without approval can result in permit action.

I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.

Print Name and Title: _____

Signature: _____ Date: _____
(Owner or Responsible Representative)

Submit Application to: EHapps@cabarrushealth.org or to: Cabarrus Health Alliance, Environmental Health - 300 Mooresville Road - Kannapolis, NC 28081 – Office Phone: 704-920-1207