



Rockingham County Department of Health and Human Services

Environmental Health Section
371 NC HWY 65 ~ P.O. Box 204
Wentworth, NC 27375 – 0204
Phone (336) 342-8130
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Application for a Limited Food Service Establishment Permit and Pre-opening Checklist

Name of Establishment: _____
Name of Applicant: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Manager/Person in Charge: _____
Mailing Address for Establishment: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone: _____
Location of Establishment: _____
(If different from above)
Establishment is owned by: _____ Association _____ Corporation _____ Individual
_____ Partnership _____ Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Establishment Type: _____ Mobile _____ Stationary _____ Temporary _____ Permanent _____ Shared Use

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):
_____ To Order upon Consumer Request
_____ In Advance and Discards Unserved Food _____ Uses Time as a Public Health Control

Prepares PHF/TCS by: _____ Cooking _____ Cooling _____ Reheating _____ Hot holding
_____ Cold holding _____ Freezing _____ Thawing _____ Par cooking

_____ Prepares food for delivery to and consumption at a location off premises
_____ Prepares food for a Highly Susceptible Population
_____ Prepares only non PHF/TCS

Wastewater System: _____ Municipal/Community _____ On-Site System
Water Supply: _____ Municipal/Community _____ On-Site System

PROJECTED OPENING DATE: _____

Please submit this application along with proposed menu, schedule of games and \$75 permit fee at least 30 calendar days prior to the projected opening date, per 15A NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual.

I attest to the accuracy of the information provided in this application.

Signature: _____ Date: _____

Application for a Limited Food Service Establishment Permit and Pre-opening Checklist

The following pre-opening checklist is provided to assist with compliance to obtain a Food Establishment Permit:

- ☐ Certified Food Protection Manager (Applicant is allowed 210 days from date permit is issued to comply with rule requirement, per 15A NCAC 18A .2659)
- ☐ Copy of the menu
- ☐ *Consumer advisory (NC Food Code Manual, Section 3-603.11)
- ☐ *Variance and/or HACCP plan for specialized processing methods (NC Food Code Manual, Section 3-502.11)
- ☐ *Written procedures for time as a public health control (NC Food Code Manual, Section 3-501.18)
- ☐ *Standard operating procedures (NC Food Code Manual, Paragraph 8-201.12(E))
- ☐ All refrigerators and freezers must be operating to verify temperatures
- ☐ Thermometers provided
- ☐ Water heater operating
- ☐ Ware washing facilities properly operating
- ☐ Sanitizing solution and test strips supplied
- ☐ Lighting meets requirements
- ☐ Bulbs shielded or shatterproof
- ☐ Handwashing sinks conveniently located and supplied with soap, towels, and handwashing sign
- ☐ All construction completed and all construction materials removed from the premises

When scheduling the pre-opening inspection, contact your local County Environmental Health Department at least 3 days prior to the projected opening date.

***If applicable**