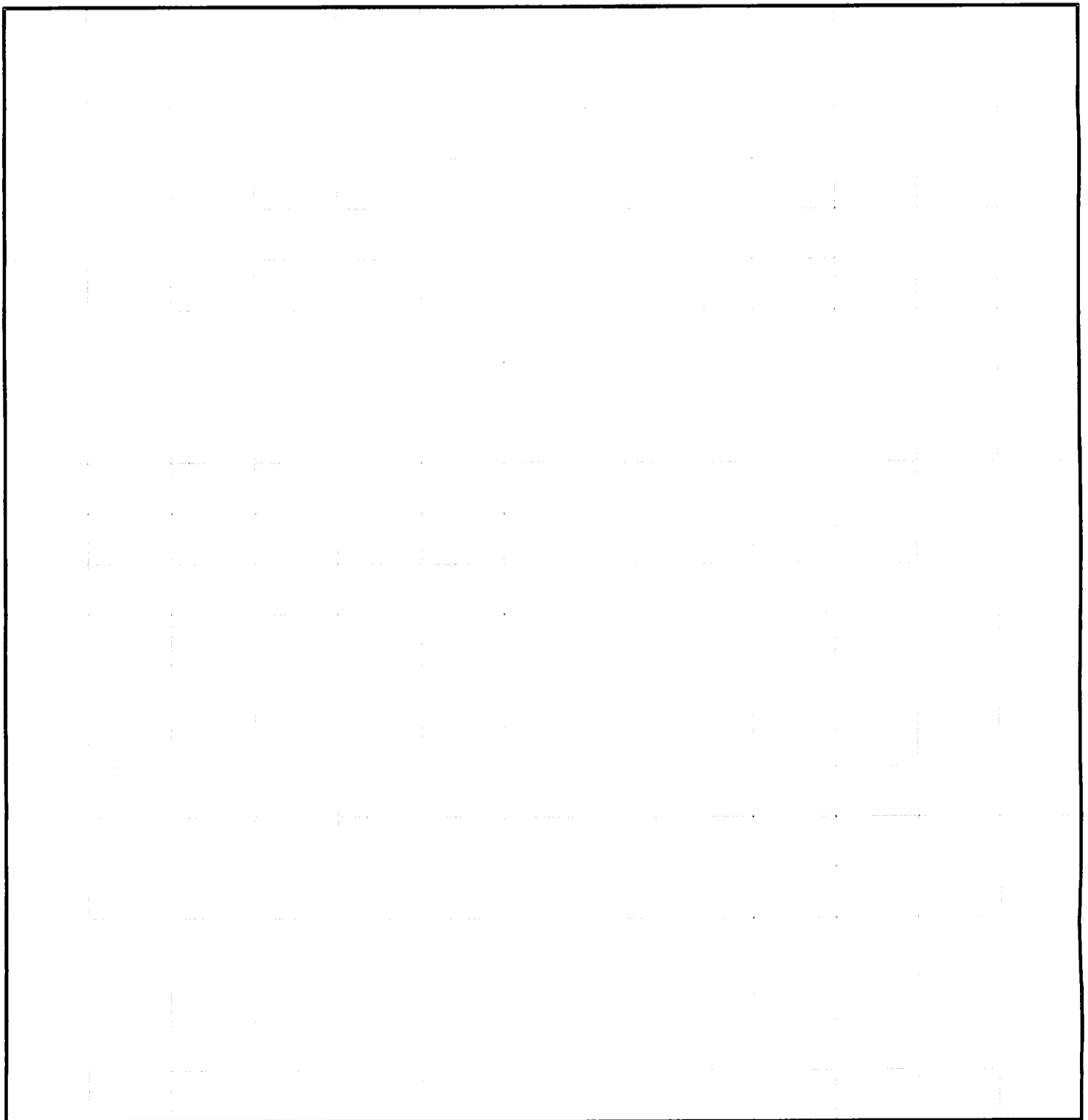


### **EQUIPMENT LAY-OUT**

Draw in the location and identify all equipment including handwashing facilities, dishwashing facilities, ranges, refrigerator, hot and cold holding equipment, worktables, food/single service storage, grilles, etc. Indicate how you will protect food and utensils from flies, dust, dirt, etc.



**LIMITED FOOD SERVICE ESTABLISHMENT APPLICATION - Foods Being Served and Methods of Preparation**

POTENTIALLY HAZARDOUS FOOD ITEMS (i.e. meat, fish, shellfish, poultry, eggs, milk and dairy products)	ADVANCE PREPARATION?	Please indicate the following processing methods						
List potentially hazardous foods to be served, when and where purchased.	Yes/No	THAW	PREP	COOK	HOLD	COOL	REHEAT	OTHER
<b>EXAMPLE:</b> Beef loin bought from Food Lion, Broad Ave., Rockingham NC on 7/23/04.	yes-preseasoned in church's kitchen	in kitchen cooler	cut into cubes, seasoned	grilled onsite	none	none	none	none

List remaining food and beverages to be served.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Richmond County Health Department

### Limited Food Service Establishment Application (Each Food Operator Must Provide the Following Information)

1. Limited Food Service Establishment Name: \_\_\_\_\_
2. Owners Name: \_\_\_\_\_ Landowner: \_\_\_\_\_
3. Applicants name: \_\_\_\_\_
4. Applicants address: \_\_\_\_\_  
Address City State Zip
5. Applicants telephone: \_\_\_\_\_  
8 AM – 5 PM Night/Other
6. Proposed Opening Date: \_\_\_\_\_
7. All food and beverages must be prepared on-site or in a locally approved in-state kitchen (not a domestic kitchen). Provide the name and address of the advance preparation facility and the dates and times it will be used. Also provide the name and phone number of the person authorizing your use of the facility.  
Facility name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date and time of advance preparation: \_\_\_\_\_  
Authorizing agent and phone number: \_\_\_\_\_
8. Describe equipment to be used at the event for:
  - (a.) Cold holding \_\_\_\_\_
  - (b.) Hot holding \_\_\_\_\_
  - (c.) Cooking \_\_\_\_\_
9. How will you dispose of wastewater: \_\_\_\_\_
10. Water source:  On-site municipal supply  On-site well  Other \_\_\_\_\_
11. Means for handwashing:  Plumbed sink  Gravity flow  Other \_\_\_\_\_
12. Means of garbage disposal:  Cans collected on-site  Dumpster  Other \_\_\_\_\_
13. Toilet facilities:  Chemical toilet  Public building  Other \_\_\_\_\_

Statement From Applicant: I certify the information in this application is complete and accurate. I understand the RCHD (Richmond County Health Department) does not provide verbal approval of plans or for deviation from approved plans, and that any deviation from the plans and procedures in this application without prior written permission from the RCHD may nullify final approval and result in my not obtaining a permit, or having the permit suspended or revoked after it is issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requirements for Limited Food Service Establishments (.2645) can be found at:** [www.dch.enr.state.nc.us/ehs/rules.htm](http://www.dch.enr.state.nc.us/ehs/rules.htm)