



Application for a Transitional Food Permit

Name of Establishment: _____

Physical Address of Establishment: _____

City: _____ State: _____ Zip Code: _____

Mailing Address for Establishment: _____

City: _____ State: _____ Zip Code: _____

Phone Number at Establishment: _____

Establishment is owned* by: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

*Attach names, titles, and addresses of persons comprising the legal ownership if not listed above

Name of Permit Holder: _____

Address of Permit Holder: _____

City: _____ State: _____ Zip Code: _____

Permit Holder Phone Number: _____

Manager/Person in Charge: _____

Projected Opening Date: _____

Establishment Type: ☐ Mobile Food Unit ☐ Permanent ☐ Shared Use

Hours of Operation: _____

Prepares and Serves Time/Temperature Control for Safety (TCS) Food (check all that apply):

- ☐ To Order upon Consumer Request
☐ In Advance and Discards Unserved Food
☐ Uses Time as a Public Health Control

Prepares TCS by (check all that apply): ☐ 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-TCS food

Wastewater System: ☐ Sewer ☐ On-Site System

Water Supply: ☐ Municipal ☐ Well

Please submit this application and the permit fee of \$150.00 at least 30 calendar days prior to the projected opening date, per 15A NCAC .2659 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: _____

For Office Use:

Method of Payment: ☐ Check ☐ Cash ☐ Credit Card