



# ALAMANCE COUNTY Health Department

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Health Director

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**Rebecca Rosso, REHS, MS**  
Environmental Health Director

## Transitional Permit Application

**Current Name of the Establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **# of Seats Provided:** \_\_\_\_\_

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**Current Owner:** \_\_\_\_\_ (Person, Corporation, or Partnership)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**New Name of Establishment (if changed):** \_\_\_\_\_

**New Owner:** \_\_\_\_\_ (Person, Corporation, or Partnership)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **# of Seats Proposed:** \_\_\_\_\_

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**Projected Date of Purchase:** \_\_\_\_\_

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**Complete menus from the current facility and the proposed new menu must accompany this application.**

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**Proposed hours of operation:** \_\_\_\_\_

**WATER SUPPLY -- SEWAGE DISPOSAL**

Municipal       Well      --       Municipal Sewer       Septic Tank System

Ice made in facility       Purchased      From Where: \_\_\_\_\_

Water heater storage capacity: \_\_\_\_\_ gallons      Recovery Rate: \_\_\_\_\_ gal/hour @ 100° Rise

**DISHWASHING FACILITIES**

**Utensil washing / pot washing sink:** Number of sink compartments: \_\_\_\_\_

Size of sink compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Length of drainboards (inches): Right: \_\_\_\_\_ Left: \_\_\_\_\_

Will a dish machine be used? \_\_\_\_\_ Make/ Model: \_\_\_\_\_

Hi-Temp       Chemical

Method used for general sanitizing of surfaces:  Chlorine     QAC     Other: \_\_\_\_\_

**TYPE OF FOOD SERVICE:**

Restaurant       Food Stand (no seats provided)       Commissary for MFU or Pushcart

Drink Stand (no food served – glassware washed)       Meat Market

**CHECK ALL THAT APPLY:**

Sit down meals       Take-Out Meals       Catering       Pre-packaged take home and cook meals

Single Service (Disposable) dishware, glassware, and utensils

Multi-use (Washed in Facility) dishware, glassware, and utensils

Other (please describe): \_\_\_\_\_

**THAWING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. More than one method may apply:

<b>Thawing Process</b>	Thick Meats	Thin Meats	Seafood	Poultry	Baked Goods
Refrigeration					
Running Water less than 70°F					
Cooked Frozen					
Microwave					



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**PRODUCE PREPARATION:**

Will produce be purchased fully prepared and pre-rinsed?  Yes  No  
If not, where will the produce be prepared and/or rinsed? \_\_\_\_\_

**SEAFOOD PREPARATION:**

Will seafood be purchased fully prepared and pre-rinsed?  Yes  No  
If not, where will the seafood be prepared and/or rinsed? \_\_\_\_\_

**POULTRY PREPARATION:**

Will poultry be purchased fully prepared and pre-rinsed?  Yes  No  
If not, where will the poultry be prepared and/or rinsed? \_\_\_\_\_

**PORK and/or RED MEAT PREPARATION:**

Will pork and/or red meat be purchased fully prepared and pre-rinsed?  Yes  No  
If not, where will these meats be prepared and/or rinsed? \_\_\_\_\_

**DELIVERIES**

Please provide information on the frequency of deliveries for the facility: \_\_\_\_\_  
\_\_\_\_\_

**Please list any changes that you are considering for this facility:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from Alamance County Environmental Health may nullify facility approval. I also understand that I cannot operate a food service facility until a transitional permit is issued.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Owner or Owner’s Representative)



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