



Division of Environmental Health
Transitional Permit Review Application

Application must be completed in full to be valid

Current Name of the Establishment: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ # of seats provided: _____

Current Owner: _____ (Person, Corporation, or Partnership)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

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: _____

Projected Date of Purchase: _____

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

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: _____ gal Recovery Rate: _____ gal/hour @ 100° Rise

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
 Multiuse (Washed in Facility) dishware, glassware, and utensils

Other (please describe): _____

THAWING:

List food items received in a frozen state and method used to thaw items:

COOLING:

Indicate cooling method for products not served immediately after cooking:

Describe any preparation required for the following prior to cooking and where it will take place:

Produce: _____

Poultry: _____

Seafood: _____

Meat: _____

I hereby certify that the information in this application is complete and correct. I understand that any deviation from the information contained herein may result in denial of my application,

Signature: _____ Date: _____

Owner/Legal Representative