



**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:

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

**REHEATING:**

Indicate how cooked items that have been held cold will be reheated for service or holding:

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

Describe how the following items are received (i.e. frozen, fresh, etc) any preparation required 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