



RETAIL FOOD ESTABLISHMENT APPLICATION & PERMIT DOCUMENT

Bureau of Environmental Health Services
Division of Food Protection & Rabies Prevention

Application must be complete and legible. Any missing information will result in delays in processing this application. Any section that requires additional space or documentation shall be included as an attachment in the 8.5" X 11" format and be labeled to identify the appropriate section ([8-302.14\(A\)\(1\)](#)). When making changes in an existing permitted Retail Food Establishment, please complete [D-1716](#) instead of this application. Throughout this document, applicable sections from [Regulation 61-25 – Retail Food Establishments](#) are referenced in parenthesis. Regulation 61-25, as well as many fact sheets and other useful documents, are available at www.scdhec.gov/food.

Establishment Name _____

Establishment Address _____ City _____ Zip _____

Phone _____ E-mail _____ County _____

List Hours of Operation: S M T W Th F Sa

Permit Holder(s)/ Owner(s) _____

24-hour Emergency Contact Number(s) _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Phone _____ Mobile _____ E-mail _____

Type of Ownership (check one): Individual Partnership Limited Liability Company Corporation Non-Profit Organization

If different from the owner, provide the following: Person(s) in Charge directly responsible for Daily Operations ([2-101](#)) (include title(s)):

24-hour Emergency Contact Number(s): _____

1. Certified Food Protection Manager(s) (Not required for Mobile Pushcarts) Copy of Certification Attached
([2-102.12](#), [2-102.20](#), [8-302.14\(A\)\(10\)](#))

Name(s) _____

Certification Date _____ Expiration Date _____

Course Taken _____ Institution _____

2. Written Employee Health Policy Document(s) Attached
([2-201.11](#), [2-201.12](#))

3. Permit and Contents of Application
([8-302.14](#), [8-303](#))

New, Converted, or Remodeled Facility Layout, Construction Materials and Finish Schedule Attached
 Change of Ownership

4. Type of Retail Food Establishment (check all that apply)
([1-201.10 \(106\)](#))

- | | |
|---|---|
| <input type="checkbox"/> Restaurant/Convenience Store | <input type="checkbox"/> Sushi preparation onsite |
| <input type="checkbox"/> Institution | |
| <input type="checkbox"/> Grocery Store: (check only those areas to be covered by this permit) | |
| <input type="checkbox"/> Meat Market <input type="checkbox"/> Seafood Market <input type="checkbox"/> Deli <input type="checkbox"/> Bakery <input type="checkbox"/> Produce <input type="checkbox"/> Sushi <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Mobile Food (9-1) | <input type="checkbox"/> Document(s) Attached |
| <input type="checkbox"/> Shared Use Operations/Commissary (9-5) | <input type="checkbox"/> Document(s) Attached |
| <input type="checkbox"/> Immediate Outdoor Cooking (9-6) | <input type="checkbox"/> Document(s) Attached |
| <input type="checkbox"/> Barbecue Pit/Pit-Cooking Room Construction (9-7) | <input type="checkbox"/> Document(s) Attached |

Please complete [D-1717](#) instead of this form for: Temporary Food Service Establishments ([9-8](#)), Community Festivals ([9-9](#)),
Special Promotions ([9-10](#)), Farmers Market & Seasonal Series ([9-11](#))

5. Menu or List of Foods to be Served
(8-302.14(A)(2))

Document(s) Attached

6. Consumer Advisory
(3-603)

Not Applicable

Onsite
Location _____

7. Special Process Variance Requested

(3-401.11(D)(4), 3-404.11, 3-502.11, 3-502.12, 8-103.10(A,C), 8-103.11, 8-201, 8-302.14(A)(4))

Not Applicable

Document(s) Attached

8. Water Supply

(5-101.11, 8-302.14(A)(5))

Provider _____

9. Sewage Disposal

(5-403.11, 8-302.14(A)(6))

Provider _____

10. Refuse Contractor(s)

(5-501, 5-502)

Refuse(Trash)
Contractor _____

Grease Disposal
Contractor _____

11. Grease Trap(s)

(5-402.12(A))

Not Required

Installed
Location _____

12. Grease Interceptor(s)

(5-402.12(B))

Not Required

Installed
Location _____

13. Construction Variance(s) Requested

(8-103.10(B), 8-103.11, 8-302.14(A)(4))

Not Applicable

Document(s) Attached

14. Mechanical Warewashing (List machines and check all that apply) NSF/ANSI Certified

(4-204.113, 4-204.117, 4-204.119, 4-205.10, 4-301.13, 4-302.13(B), 4-501, 4-603.12)

Not Applicable

1. Manufacturer _____

Sanitizing Method:

- Pre-rinse sink provided
 Drainboards

Model Number _____

- Chemical OR Hot Water
 Pre-wash cycle part of machine operation
 Utensil Racks Tables

2. Manufacturer _____

Sanitizing Method:

- Pre-rinse sink provided
 Drainboards

Model Number _____

- Chemical OR Hot Water
 Pre-wash cycle part of machine operation
 Utensil Racks Tables

15. Manual Warewashing (check all that apply)

(4-204.119, 4-205.10, 4-301.12, 4-301.13, 4-302.13(A), 4-603.15, 4-603.16)

NSF/ANSI Certified

- Temperature Measuring Device provided Clean In Place
 Drainboards Utensil Racks

Tables

16. Backflow Prevention Devices (check which equipment have backflow prevention devices)

(5-202.13, 5-202.14, 5-203.14, 5-203.15, 5-204.12)

- Warewasher Hose Reel Disposal Steam Table Scrapping Trough
 Dipper Well Waste Pulper Steamer Pasta Cooker Combi-therm Oven
 Wok Stove Rotisserie Oven Water Chiller Proofer Rack Oven
 Beverage Dispensers Coffee/Tea Other _____

