



# 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\(A\)\(1\)](#)). 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.scdheh.gov/food](http://www.scdheh.gov/food).

Establishment Name Cathy's Country Cafe

Establishment Address 12500 Main St. City Cola Zip 29068

Phone 803-555-5565 E-mail Cathy@countrycafe.com County Richville

List Hours of Operation: S	7am-3pm	M	Closed	T	7am-3pm	W	7am-3pm	Th	7am-3pm	F	7am-7pm	Sa	7am-7pm
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Permit Holder(s)/ Owner(s) Cathy Jones, Owner

24-hour Emergency Contact Number(s) 803-555-5561

Billing Address (if different from above) Same As Above

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 803-555-5567 Mobile 803-555-5568 E-mail Cathy@countrycafe.com

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)):

Christian Martin

24-hour Emergency Contact Number(s): 803-555-5569

**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) Cathy Jones

Certification Date 9/13/2015 Expiration Date 9/13/2020

Course Taken Serve Safe Foods Institution Sandhills University

**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

Please complete [D-1716](#) instead of this form for Change to Existing Retail Food Establishment Permit

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

Restaurant/Convenience Store  Sushi preparation onsite

Institution

Grocery Store: (check only those areas to be covered by this permit)  
 Meat Market  Seafood Market  Deli  Bakery  Produce  Sushi  Other \_\_\_\_\_

Mobile Food ([9-1](#))  Document(s) Attached

Shared Use Operations/Commissary ([9-5](#))  Document(s) Attached

Immediate Outdoor Cooking ([9-6](#))  Document(s) Attached

Barbecue Pit/Pit-Cooking Room Construction ([9-7](#))  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 On Menu

**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 City of Cola

**9. Sewage Disposal**  
(5-403.11, 8-302.14(A)(6))

Provider City of Cola

**10. Refuse Contractor(s)**  
(5-501, 5-502)

Refuse(Trash)  
Contractor Waste Extraction

Grease Disposal  
Contractor Sandhills Grease Service

**11. Grease Trap(s)**  
(5-402.12(A))

Not Required

Installed  
Location Behind the Loading Dock

**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  Not Applicable  
(4-204.113, 4-204.117, 4-204.119, 4-205.10, 4-301.13, 4-302.13(B), 4-501, 4-603.12)

1. Manufacturer Champ Model Number ABC 123

Sanitizing Method:

- Pre-rinse sink provided  
 Drainboards

Chemical

OR

Hot Water

Pre-wash cycle part of machine operation

Utensil Racks

Tables

2. Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Sanitizing Method:

- Pre-rinse sink provided  
 Drainboards

Chemical

OR

Hot Water

Pre-wash cycle part of machine operation

Utensil Racks

Tables

**15. Manual Warewashing** (check all that apply)  NSF/ANSI Certified  
(4-204.119, 4-205.10, 4-301.12, 4-301.13, 4-302.13(A), 4-603.15, 4-603.16)

- Temperature Measuring Device provided  
 Drainboards

Clean In Place

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  
 Dipper Well  
 Wok Stove  
 Beverage Dispensers

- Hose Reel  
 Waste Pulper  
 Rotisserie Oven  
 Coffee/Tea

- Disposal  
 Steamer  
 Water Chiller  
 Other \_\_\_\_\_

- Steam Table  
 Pasta Cooker  
 Proofer

- Scrapping Trough  
 Combi-therm Oven  
 Rack Oven





**Cathy's Country Cafe- Facilitator Information (9-5(C)(1))**

**Associated Retail Food Establishment:**

JC's Food Truck will use my retail food establishment as their commissary.

**Schedule of the Associated Retail Food Establishment:**

Jonathan Clark (owner of JC's Food Truck) has agreed to use my kitchen for their food prep in the mornings and clean-up in the evenings on the following days and times:

Sunday-Not in service.

Monday-Friday: 9-11am, 3-5pm

Saturday: 9-11am, 8-10pm

**SAMPLE**