

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 Four Establishments are referenced in parenthesis. Regulation 61-25, as well as many fact sheets and other useful documents, are available at www.scaller.gov/food.

Establishment Name Indigo Ridge Care			
Establishment Address 125 Indigo Ridge Pla	City	Cola	Zip 29068
Phone 803-555-5555 E-mail Ac	dmin@indigoridgecafe.d		Richville
List Hours of Operation:S 12pm-5pmM Close		am-9pm Th8am-9pm	V V
Permit Holder(s)/Owner(s) Janet Smith, Ow	ner		
24-hour Emergency Contact Number(s) 803-555	5-5551		
Billing Address (if different from above) 10 Ric			
City Cola	State St	C	29068
Phone 803-555-5557 Mobile 803-555		t@indigoridgecafe.com	n
Type of Ownership (check one): Individual			·
If different from the owner, provide the following: Jonathan Clark		\sim	
24-hour Emergency Contact Number(s): 803-55	5-55 5 9		
1. Certified Food Protection Manager(s) (Not rec (2-102.12, 2-102.20, 8-302.14(A)(10)) Name(s) Jonathan Clark Certification Date 05/12/2015		05/12/2020	Copy of Certification Attached
Course Taken Serve Safe Foods	Expiration Da	ote 05/12/2020	
Course Taken Oct ve Gale 1 oods	Institution Se	andhills University	
2. Written Employee Health Policy (2-201.11, 2-201.12)			Document(s) Attached
3. Permit and Contents of Application (8-302.14, 8-303)			
New, Converted, or Remodeled Facility		Layout, Construction Materi	als and Finish Schedule Attached
Change of Ownership Please complete D-17 6 instead	ad of this form for Change to	Existing Retail Food Establis	hment Permit
4. Type of Retail Food Establishment (check all to (1-201.10 (166))	hat apply)		
Restaurant/Convenience Store Institution	Sushi preparation onsite		
Grocery Store: (check only those areas to be co		☐ Produce ☐ Sushi	Пол
Mobile Food (9-1)	□ Den □ Bakery [Produce Sushi	Other Document(s) Attached
Shared Use Operations/Commissary (9-5)			Document(s) Attached
Immediate Outdoor Cooking (9-6) Barbecue Pit/Pit-Cooking Room Construction (0.7		Document(s) Attached
Please complete <u>D-1717</u> instead of this fo	vrm for Temporary Food Som	vice Fetablishments (0 8) Ca	Document(s) Attached
Special Pro	notions $(9-10)$, Farmers Marke	et & Seasonal Series (9-11)	minumity restroits (2-2),

5. Menu or List of Foods to be Served (8-302.14(A)(2))		Document(s) Attach	100
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, 8-10	Not Applicable 03.10(A.C), 8-103.11, 8-201, 8-302.14(A	Document(s) Attach	ıed
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 Wasta	Grease Disposal Contractor Sandhills Grease Service	
11.Grease Trap(s) (5-402.12(A))	Not Required	Installed Location Behind building underground	
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) Attach	ed
14.Mechanical Warewashing (List machines and ch (4-204.113, 4-204.117, 4-204.119, 4-205.10, 4-301.1	neck all that apply) NSF/ANSI Certif 3, 4-302.13(B), 4-501, 4-03.12)	fied ONot Applicat	ole
1. Manufacturer Champ Sanitizing Method: Pre-rinse sink provided Drainboards	Model Number ABC123 Chemical OR Pre-wash cycle part of machin	Hot Water ae operation Tables	
2. Manufacturer Champ Sanitizing Method: Pre-rinse sink provided Drainboards	Chemical OR Pre-wash cycle part of machin Utensil Racks	Hot Water te operation Tables	_
15. Manual Warewashing (check all that apply) (4-204.119, 4-205.10, 4-30, 12, 4-30, 13, 4-302.13)	4-603.15, 4-603.16)	NSF/ANSI Certifie	-d
Temperature Measuring Device provided Drainboards	Clean In Place Utensil Racks	Tables	
16.Backflow Prevention Devices (check which equi (5-20, 13, 5-20, 14, 5-203, 14, 5-203, 15, 3-204, 12)	pment have backflow prevention device	s)	_
Warewasher Dipper Well Waste Pulper Rotisserie Oven Beverage Dispensers Coffee/Tea	Disposal Steam Table Steamer Pasta Cooker Water Chiller Proofer Other	Scrapping Trough Combi-therm Oven Rack Oven	

NSF/ANSI Certified

Document(s) Attached

(4-101, 4-202, 4-205.10, 4-301.11, 4-402, 8-302.14(A)(9))

Please list type, manufacturer and model number of cooking, heating, preparation, refrigeration, and cooling food equipment below. Listed equipment must meet NSF/ANSI, BISSC (or other accredited ANSI food equipment certification). For additional items, include an extra copy of this page and check "Document(s) Attached" above.

Туре	Manufacturer	Model Number	ocation
Hood	Green Aire	ABC 123	Cook's Line
Kettle	Cleveban	ABC 123	Cook's Line
Range	Vulart	ABC 123	Cook's Line
Combi-Therm Oven	Garbend	ABC 123	Cook's Line
Tilting Skillet	Cleveban	ABC 123	Cook's Line
Hot Food Unit	Huban	ABC 123	Front Line
Heating & Proofing Cabinet	Huban	ABC 123	Front Line
Countertop Oven	Huban	ABC 123	Front Line
60 Quart Mixer	Huban	ABC 123	Prep Area
Ingredient Bins	Pipen	ABC 123	Prep Area
Ice Machine	Hoshzan	ABC 123	Dry Storage Room
Slicer	Huban	ABC/123	Prep Area
Food Chopper	Huban	ABC 123	Prep Area
Food Processor	Huban	ABC 123	Prep Area
Walk in Cooler	Ameripak	ABC 123	Back of Kitchen
Walk in Freezer	Ameripak	ABC 123	Back of Kitchen
Cold Food Unit	Huban	ABC 123	Cook's Line
Steam Table	Huban	ABC 123	Cook's Line
Reach-in Refrigerator	Huban	ABC 123	Cashier Area
Pass Thru Refrigerator	Huban	ABC 123	Cook's Line
Blast Freezer	Huban	ABC 123	Prep Area
Undercounter Refrigerator	Huban	ABC 123	Cook's Line
Coffee Maker	Buss	ABC 123	Cashier Area

DHEC 1769 (11/2015)

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

18. Notes:									
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					<u>A</u>				
1. Applicant shall be the c Food Establishment.	owner of	the propos	sed Retail	Food	Establish	ment or the pres	siding officer of	the legal entity owning the proposed Re	tai
	on regiu	est a preop	rational	nanoa	ton onto	absoluted Aldien	-1 i- C	contact your local DHEC office by visi	
http://www.dhec.sc.go	v/Home.	AndEnvir	ument/DF	IF CL	cations/.	Solain addition	iai information,	contact your local DHEC office by visit	ing
3. Applicant shall submit facility (8-302.11) or w	a comp	leted appli teen (15) ca	cation for alendar da	perm ys fro	it at least on the dat	thirty (30) cale e of the change	endar days befor	te the date planned for opening of the r-303.20(A)(1)(a)).	iew
								cation has been submitted. (R. 61-37)	
5. Applicant must request									
I, the undersigned, attest	o the acc	curacy of th	e informa	tion a	rovided in	n this application	n and I affirm th	at the retail food establishment will som	ply
with SC DHEC Regulation approved by the Departm	on 61-25.	. I understa	nd that ch	anges	in food n	reparation types	s additions of ea	minment and/or structural changes must	be
								ent, record, report, or form required by	4 1 0 0
laws of this State.			,		3,	The state of the s	ion on a douding	one, record, report, or form required by	une
Should the facility fail to	adhere to	the requir	ements of	Regu	lation 61-	25, the permit to	o operate may b	subject to enforcement action, which n	ıay
Regulation 61-25, Retail	Food Es	tablishmen	ts.	R) of	the South	Carolina Code	of Laws and/or	permit suspension/revocation pursuan	: to
Joset Smith	>			J	anet Sr	mith		12/13/2015	
Owner/Presiding Officer	Signatur	e (8-302.13	3(A))	P	rint Name	·		Submittal Date	
FOR OFFICE USE ONLY	Up	date to Pre-	-Existing	Permi	t	Inspection	Fee Received	(8-302.13(D))	
Application complete	Date _					· -			
Pre-Operation Inspection									
R.61-25 Permit Issuance	Date _								
Process/Risk Category:	10	20	3 O		4 O	Permit #			_