



**Moore County Health Department  
Environmental Health Section**

PO Box 279, Carthage, NC 28327

Phone (910) 947-6283

Fax (910) 947-5127



**Food Service Establishment Plan Review Application  
Shared Kitchen – **Primary** Permitted Facility**

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment. ***North Carolina Food Code Manual and North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)*** require that plans be submitted for approval prior to construction / renovation / modification / change of ownership of such facilities by the local Health Department (Moore County Environmental Health).

**Applications must be emailed to: [mcappleh@moorecountync.gov](mailto:mcappleh@moorecountync.gov)**

**Definitions and Requirements:**

- **Primary Permitted Facility** – Base establishment, owners plan to rent out/share time and space to other permittees to use the facility. A valid permit from Moore County Environmental Health is required. There is a \$200 new Primary Permitted Facility fee for a review of a facility to be used as a primary permitted facility for the first time, whether new construction or an already open and operating kitchen. Once a review is completed and approved for the primary permitted facility to be a shared kitchen, no fee or review of the primary permitted facility is required for future secondary permits. The statuses of primary and secondary permits are linked to the status of the other. Permit actions may include suspension or revocation of either permit which may impact the other business. Transitional permits cannot be issued to Shared Kitchens. Primary Permitted Facility will be listed as a Risk Category 4. Primary facility must be approved before any secondary permits can be issued. Transitional Permits cannot be issued to Primary Permitted Facility.
  - Certified Food Protection Manger Certification: ANSI Certification #\_\_\_\_\_. Certified Person in Charge (PIC) must be onsite during all hours of operation of the primary permitted facility.
  - Must update accurate online calendars of all permittees in facility. Calendars must be available to MCEH at all times. Location of online calendar \_\_\_\_\_. How will MCEH staff have access to this calendar? \_\_\_\_\_
  - Ensuring each employee of all primary and secondary permitted facilities has signed the employee health policy.
  - Standard operating procedures (SOP) for facilities, equipment and management policies.
- **Secondary Permitted Facility** –Secondary permits are issued to entities to operate within a primary permitted facility. They are permitted and operate separately from other permittees. Applicable plan review fee and completed application are required. The statuses of primary and secondary permits are linked to the status of the other. Permit actions may include suspension or revocation of either permit which may impact the other business.



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**Submittal Checklist**

***All items listed below must be included for your application to be considered complete. Additional items may be requested. Failure to provide necessary documents will result in a delay of the plan review process.***

\_\_\_\_\_ Plans drawn to scale showing:

- The placement of each piece of food service equipment. Plan shall include any new pieces of equipment being added for additional permittees. Plans should indicate which areas will be used by Primary Permittee and any Secondary Permittees.
- Finish schedule
- Plumbing including floor sinks/drains, make/model of water heater and trash can wash facilities.
- Labeled separated areas for permit holders for storage (refrigerated, dry goods, freezer, etc.).

\_\_\_\_\_ Manufacturer specification sheets for each piece of new equipment

\_\_\_\_\_ Completed Primary Food Service Plan Review Application

\_\_\_\_\_ Proposed or existing menu for Primary Permitted Facility. Include any consumer advisories required on menus.

\_\_\_\_\_ Verification of water and wastewater source

\_\_\_\_\_ Plan Review Fee



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**Primary Shared Food Service Establishment Plan Review Application**

Type of Construction: NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ EXISTING FACILITY \_\_\_\_\_

Name of Primary Permitted Facility: \_\_\_\_\_

Name of Cooperation, LLC, etc. of Primary Permitted Facility: \_\_\_\_\_

Physical Address of Primary Permitted Facility: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner or Owner's Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City & State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Title (owner, manager, architect, etc.) \_\_\_\_\_

Projected start date of construction: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: \_\_\_\_\_  
(Owner or Responsible Representative)

Date: \_\_\_\_\_



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### Separation of Time or Space:

Permitted entities must be separated by time (operate at different times of day) or space (separate prep tables, prep sinks, refrigeration space, utensil washing time) when preparing, cooking, etc.

### Work Pod/Space required equipment per vendor (either by time or space separation)

- Hand sink
- Prep sink
- Prep table
- Refrigerator to work out of during preparation
- Bulk dry goods storage and walk-in cold hold storage shall be designated with effective vertical separation, each tenant's stock being secured.
- Two to three vendors may be permitted to share a 3 comp sink and/or dish machine with SOPs in place to properly clean and sanitize in and out between use. SOP must be submitted along with this document.
- An oven may be used by only 1 tenant at a time. Signup sheet may be required.
- Stove top range can be separate by burners and used by multiple vendors at the same time.

### Can more than one permitted entity work at the same time?

\_\_\_\_\_ No, just one permitted entity at a time.

\_\_\_\_\_ Yes, facility is large enough and set up to accommodate separate prep areas for each permittee.

### Hours of Total Operation for Primary Permitted Facility Only:

Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tue\_\_\_\_\_ Wed\_\_\_\_\_ Thu\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_



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## Hours of Operation for Any Secondary Permittees:

Name of Permit holder	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

## Will the Primary Permitted Facility prepare and serve food as well?

\_\_\_\_\_ Yes. Answer any food preparation question about primary kitchen.

\_\_\_\_\_ No, commissary kitchen only. Answer questions about food preparation that facility may be used for.

## COLD STORAGE

How much refrigeration will be needed inside facility for the Primary Permitted Facility Operation? How was this amount determined? Will new units be added or will existing refrigeration/walk-in coolers be used? \_\_\_\_\_

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

### **Cubic-feet of reach-in cold storage:**

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

### **Cubic-feet of walk-in cold storage:**

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Number of reach-in refrigerators: \_\_\_\_\_

Number of reach-in freezers: \_\_\_\_\_

How will refrigerated and frozen food from one entity be separate from another. Locked cages, separate locked refrigerators, or other secured methods are required.

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



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How will food preparation areas be separated if space is shared at the same time? For example separate prep tables, separate rooms?

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Indicate any **specialized processes** that will take place by the Primary Permitted Facility. Specialized processes that will be done by any Secondary Permit holders must be submitted separately with the Secondary Permit hold Plan Review Application. *Specialized process may need a state or local approved variance or HACCAP plan.*

☐ Curing      ☐ Acidification (sushi, etc)      ☐ Smoking  
☐ Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes:

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Indicate any of the following **highly susceptible populations** that will be catered to or served:

☐ Nursing Home      ☐ Child Care Center      ☐ Health Care Facility  
☐ Assisted Living Center  
☐ School with pre-school aged children or an immuno-compromised population

Will under cooked or raw beef (hamburgers, steak), eggs (sunny side up, poached), fish, sushi, lamb, milk, pork, poultry or shellfish (steamed or raw) be served?

☐ Yes      ☐ No

*If yes, attach menu with the Consumer Advisory be posted to this application.*

**HOT HOLDING** List food that will be held hot:

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**COLD HOLDING** List food that will be held cold:

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### COOLING

Cooling includes cooking and cooling of items, and cooling of items from room temperature once items are prepared (sliced tomatoes, tuna salad, etc.) Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F within 6 hours. Indicate type of food cooled and location within facility cooling will occur: \_\_\_\_\_

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

### THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed.

Indicate type of food thawing and location within facility thawing will occur: \_\_\_\_\_

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70°F				
Cooked Frozen				
Microwave				

### FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the review process.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to ready-to-eat form. Answers must indicate how preparation will be separated from other permittees:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

#### 1. READY-TO-EAT FOOD HANDLING (Edible without any preparation necessary)

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### 2. PRODUCE HANDLING

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### 3. POULTRY HANDLING

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### 4. MEAT HANDLING

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### 5. SEAFOOD HANDLING

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### 6. SUSHI PREPARATION

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### DRY STORAGE

How will dry storage be separated? Locked cages, separate locked rooms, etc. The food must be separated and kept secured between uses of permittees.

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How will product be delivered to facility? Who will be there to accept the delivery? PIC from the primary permitted facility can accept deliveries for all permittees with SOPs in place for accepting deliveries.

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Will Primary Kitchen Permit holder accept deliveries for other permittees?

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Provide information on the frequency and time of deliveries.

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Square feet of dry storage shelf space: \_\_\_\_\_ ft<sup>2</sup>

Where will dry goods be stored? \_\_\_\_\_

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Identify area on plans where catering equipment (cambros, steam tables, etc) will be stored if applicable.

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### DISHWASHING FACILITIES

#### a. Hand Dishwashing

1. Describe how 3 compartment utensil sinks will be shared?
  - A. If sharing kitchen at the same time, how will sinks be cleaned and sanitized between uses of each permit holder? Attach SOPs to this application.

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- B. If using kitchen at different times, how will sinks be cleaned and sanitized between uses of each permit holder? Attach SOPs to this application.

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2. What type of sanitizer will be used?

Chlorine: \_\_\_\_\_ Iodine: \_\_\_\_\_ Quaternary Ammonium: \_\_\_\_\_ Hot Water: \_\_\_\_\_

Other (specify): \_\_\_\_\_



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### b. Mechanical Dishwashing

1. Will a dishmachine be used? Yes \_\_\_\_\_ No \_\_\_\_\_

Dishmachine manufacturer and model: \_\_\_\_\_

2. Who is responsible for dishmachine maintenance? Attached SOPs to this application.

\_\_\_\_\_

3. Describe how clean side drain board at dish machine must be cleaned and sanitized before and after each permittee uses the machine.

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

### c. General

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized. Who is responsible for cleaning these items when multiple operators are in kitchen?

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

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space. How will this space be shared?:

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

Square feet of air drying space: \_\_\_\_\_ ft<sup>2</sup>

### EMPLOYEE AREA

Indicate location for storing employees' personal items:

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

### GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_

\_\_\_\_\_

2. Provision for garbage disposal: Dumpster \_\_\_\_\_ Compactor \_\_\_\_\_

Who is responsible for dumpster contract and cleaning? \_\_\_\_\_

3. Provision for cleaning dumpster/compactor: On-site \_\_\_\_\_ Off-site \_\_\_\_\_

If off-site cleaning, provide name of cleaning contractor: \_\_\_\_\_

\_\_\_\_\_



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4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)

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### CLEANING FACILITIES

1. Location and size of can wash/mop storage area:

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2. Location of chemical storage:

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3. Location of insecticide/rodenticide storage:

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4. Location of clean linen storage:

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5. Location of dirty linen storage:

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