



APPLICATION REQUIREMENTS TO OBTAIN AN OPERATING PERMIT UPON

CHANGE OF OWNERSHIP OF A FOOD ESTABLISHMENT

NEW OWNER OR OPERATOR: Use these forms only if there will be no change from the previously permitted operation in type of food establishment, type of food operation, occupancy type, structure, plumbing equipment or floor plan. If such changes are made or planned, request information for **Plan Review**. The review and approval of plans and specifications are required before construction of a food establishment; conversion of an existing structure to a food establishment; remodeling of a food establishment; or when there is a change in type of food establishment or type of operation.

For food establishments in **NEW CASTLE COUNTY, DELAWARE** within ten (10) business days, mail or deliver the following completed documents to:

**ENVIRONMENTAL HEALTH FIELD SERVICES
NEW CASTLE COUNTY HEALTH UNIT
258 CHAPMAN RD., SUITE 105
NEWARK, DE 19702**
(Hours: 8:00 AM to 4:30 PM, Monday - Friday. Telephone: 302-283-7110; Fax 302-283-7111)

For food establishments in **KENT COUNTY, DELAWARE** within ten (10) business days, mail or deliver the following completed documents to:

**ENVIRONMENTAL HEALTH FIELD SERVICES
KENT COUNTY HEALTH UNIT, THOMAS COLLINS BUILDING
540 SOUTH DUPONT HIGHWAY, SUITE 5
DOVER, DE 19901**
(Hours: 8:00 AM to 4:30 PM, Monday - Friday. Telephone: 302-744-1220; Fax 302-739-1957)

For food establishments in **SUSSEX COUNTY, DELAWARE** within ten (10) business days, mail or deliver the following completed documents to:

**ENVIRONMENTAL HEALTH FIELD SERVICES
SUSSEX COUNTY HEALTH UNIT, GEORGETOWN STATE SERVICE CENTER
544 SOUTH BEDFORD STREET
GEORGETOWN, DE 19947**
(Hours: 8:00 AM to 4:30 PM, Monday - Friday. Telephone: 302-515-3300; Fax 302-515-3301)

PLEASE PROVIDE THE FOLLOWING COMPLETED DOCUMENTS:

1. **Application for Permit to Operate a Food Establishment** (Use blank form attached.)
- 2A. **Type of Food Operation** (Use blank form attached.)
- 2B. **Food Preparation Review** (Use blank form attached.)
3. **Current or proposed menu** (Include your own menu.)
4. **Equipment schedule**, indicating Item, Manufacturer, and Model Number of each major piece used for cooking purposes (ranges, grilles, woks, etc.); hot holding; cold holding, including refrigeration and freezer units; manual and mechanical warewashing equipment; and installed ventilation units. Correlate equipment listed to locations indicated on the floor plan.
5. **Floor plan**, scaled 1/4" = 1 foot, showing the entire facility, including food preparation areas, food and beverage dispensing areas, food and utensil storage areas, warewashing areas, utility areas, and all toilet facilities. Equipment locations shown on the floor plan shall correlate to items listed on the equipment schedule.



FOOD PROTECTION PROGRAM

IMPORTANT NOTE

Failure to provide the required documents within ten (10) business days may be construed to be operating a food establishment without a valid permit. The matter will be referred to the enforcement section and may result in administrative action to cease operations.

SUMMARY OF REGULATIONS EXCERPTED FROM STATE OF DELAWARE FOOD CODE

8-301.11 Prerequisite for Operation. A person may not operate a food establishment without a valid permit issued by the Division of Public Health.

8-302.11 Submission 30 Calendar Days Before Proposed Opening. An applicant shall submit an application for a permit at least 30 calendar days before the date planned for opening a food establishment or the expiration date of the current permit for an existing facility.

8-303.20 Existing Establishments, Permit Renewal, and Change of Ownership.

The Division of Public Health may renew a permit for an existing food establishment or may issue a permit to a new owner of an existing food establishment after a properly completed application is submitted, reviewed, and approved, the fees are paid, and an inspection shows that the establishment is in compliance with the Food Establishment Regulations.

FOOD ESTABLISHMENT PERMIT FEE

FEE IS DUE UPON RECEIPT OF INVOICE. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.
Food establishments are charged the following annual, non-refundable fees, based on type of facility:

1.	Public Eating Place	\$	100.00
2.	Retail Food Store	\$	100.00
3.	Ice Manufacturer	\$	30.00
4.	Commercial Food Processor	\$	30.00
5.	Vending Machine Location	\$	30.00

Note: The permit fee is not due until the facility is approved for an operating permit.
At that time, an invoice will be sent to the establishment owner or operator.

PLEASE CONTACT THE ENVIRONMENTAL HEALTH FIELD SERVICES OFFICE LISTED ON
PAGE 1 TO SCHEDULE THE REQUIRED PRE-OPERATIONAL INSPECTION.

SATISFACTORY FACILITY COMPLIANCE IS REQUIRED PRIOR TO ISSUANCE
OF THE PERMIT TO OPERATE A FOOD ESTABLISHMENT.

YOUR FOOD ESTABLISHMENT

<u>SUBS</u>	SMALL	LARGE
Regular.....	\$ 00.00	\$ 00.00
Italian.....	00.00	00.00
Ham.....	00.00	00.00
Cheese.....	00.00	00.00
Turkey.....	00.00	00.00
Tuna.....	00.00	00.00
Capicola.....	00.00	00.00
Roast Beef.....	00.00	00.00
Extra Cheese		00.00
Sweet/hot Peppers		00.00

Additional extras no charge: Pickles, diced hot peppers
 All subs include: Lettuce, tomato, cheese, onion, and mayo or oil

<u>SANDWICHES</u> (your choice of bread)		
Ham and cheese.....	\$	00.00
Bologna.....		00.00
Turkey.....		00.00
Roast beef.....		00.00

Extras: Cheese, tomato, sweet peppers

<u>STEAKS</u>			
Steaks (plain).....	\$	00.00	\$ 00.00
Cheese Steak.....		00.00	00.00
Mushroom Steak.....		00.00	00.00
Cheese & Mushroom.....		00.00	00.00

<u>Extras on Steaks</u> <u>onsteaks:</u>			
Tomatoes.....	\$	00.00	00.00
Extra Cheese.....		00.00	00.00
Extra Steak.....		00.00	00.00

Hamburger.....	\$	00.00	00.00
Cheeseburger.....		00.00	00.00
Hot Dog.....		00.00	00.00
Frenc.....		00.00	00.00

SAMPLE CONSUMER ADVISORY

DISCLOSURE:	CERTAIN MENU ITEMS LISTED ABOVE, IF COOKED TO ORDER, MAY CONTAIN RAW OR
UNDERCOOKED	INGREDIENTS.
REMINDER:	CONSUMING RAW OR UNDERCOOKED FOODS OF ANIMAL ORIGIN, INCLUDING MEATS, POULTRY, SEAFOOD, SHELLFISH, AND EGGS, MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS, ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS.

FOOD ESTABLISHMENT EQUIPMENT SCHEDULE

NAME OF FOOD ESTABLISHMENT:	THIS PAGE IS A SAMPLE ONLY	DATE: ___ / ___ / ___
SUBMITTED BY:		

ITEM NO.	ITEM DESCRIPTION	MANUFACTURER	MODEL NO.
1	Exhaust hood	Captive-Aire Systems	Custom Fab
2	Range, 6 burner, gas	Garland Ind	H-286
3	Countertop griddle	U.S. Range Inc	TB-24GG
4	Deep fryer	Frymaster	MJ 45 E
5	Deep fryer	Frymaster	MJ 45 E
6	Refrigerator, reach-in	True Mfg Co	TSTL-49
7	Freezer, reach-in	Victory	HAF-2-PS
8	Prep table, stainless steel	Falcon Fabricators	66-548
9	Prep table, laminated top	King Concepts	Custom Fab
10	Handwashing sink (3 each)	Advance Tabco	7-PS-HC
11	Warewashing sink, 3-cmpt w/ 2 drainboards & grease trap below	Eagle Metalmasters	414-18-3-24
12	Service sink, floor-mounted	Eagle Metalmasters	F1916
13	Ice maker, with storage bin	Manitowac	JR0405A W/C470
14	Wait station	King Concepts	Custom Fab
15			
16			
17			
18			
19			

Note 1: Equipment numbers refer to corresponding location of equipment on floor plan/layout drawings or diagrams.

Note 2: Mention of trade names on this sample are used as examples only and does not imply product endorsement.

(PLEASE USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)



APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.

1. NAME AND LOCATION OF FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

E-MAIL ADDRESS:

TEL NO. OF ESTABLISHMENT: _____ -- _____ -- _____ FAX NO. _____ -- _____ -- _____

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT

3. SEASONAL/TEMPORARY MAILING ADDRESS (IF APPLICABLE)

TEL NO. _____ -- _____ -- _____

TEL NO. _____ -- _____ -- _____

4. MAIL CORRESPONDENCE TO (CHECK ONE): ADDRESS SHOWN IN **BLOCK #A1** ADDRESS SHOWN IN **BLOCK #A2**

SECTION B: CLASSIFICATION

TYPE OF FOOD ESTABLISHMENT (CHECK ALL THAT APPLY)

- 1. FIXED LOCATION
- 2. MOBILE UNIT (SPECIFY FACILITY USED AS SERVICING AREA _____)
- 3. SEASONAL (SPECIFY DATES OF OPERATION _____)

◆ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE BELOW THE PREVIOUS FOOD ESTABLISHMENT NAME, IF KNOWN.
PREVIOUS NAME: _____ PREVIOUS BUSINESS ID: _____

TYPE OF PERMIT REQUESTED (CHECK ALL THAT APPLY)

- 1. FOOD SERVICE (RESTAURANT)
- 2. RETAIL FOOD STORE
- 3. FOOD PROCESSOR
- 4. VENDED FOOD
- 5. ICE MANUFACTURING

TYPE OF BUSINESS ENTITY

- 1. INDIVIDUAL
- 2. PARTNERSHIP (NAME: _____)
- 3. ASSOCIATION (NAME: _____)
- 4. CORPORATION (NAME: _____)
- 5. OTHER ENTITY (SPECIFY TYPE: _____)
- 6. INTERNAL REVENUE SERVICE STATUS (CHECK ONE) FOR PROFIT NON – PROFIT

NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.

IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, STRUCTURE CONVERSION TO FOOD ESTABLISHMENT, REMODELING, OR CHANGES IN ESTABLISHMENT TYPE OR FOOD OPERATION TYPE. PLEASE INCLUDE THE REQUIRED NON-REFUNDABLE FEE WITH THIS APPLICATION. MAKE CHECK PAYABLE TO "STATE OF DELAWARE."

THE ESTABLISHMENT PERMIT FEE IS NOT DUE UNTIL THE FACILITY IS APPROVED FOR OPERATION. AT THAT TIME, AN INVOICE WILL BE SENT TO THE ESTABLISHMENT APPLICANT.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A FOOD ESTABLISHMENT PERMIT, AT TEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE "STATE OF DELAWARE REGULATIONS GOVERNING FOOD ESTABLISHMENTS" AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE **X** _____ DATE ____/____/____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE _____



TYPE OF FOOD OPERATION

APPLICANT: (PRINT) _____ DATE: / /

FOOD ESTABLISHMENT NAME: _____

Changes in the type of food operation may require review and approval of plans and specifications by the Division of Public Health to ensure compliance with current Food Establishment regulations.

Check one or more items below to indicate type of food operation(s)

PREPARATION AND SALE OF NON-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD.*

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* Only to order upon a consumer's request.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, in quantities based on projected consumer demand, and discards food that is not sold or served, at an approved frequency.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, in quantities based on projected consumer demand, and discards food using time as the public health control.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, where preparation involves two or more of the following steps: Combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding, cold holding; or freezing.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, where preparation involves two or more of the following steps: Combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing. For delivery to and consumption at a location off the premises of the food establishment where it is prepared.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, where preparation involves two or more of the following steps: Combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing. For service to a highly susceptible population.**

DEFINITION OF TERMS

* Time/Temperature for Safety Food : food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic organisms.

** HighlySusceptiblePopulation : a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised, or older adults and in a facility such as a hospital or nursing home, or preschool age children in a facility such as a day care center.

FOOD ESTABLISHMENT EQUIPMENT SCHEDULE

NAME OF FOOD
ESTABLISHMENT:

DATE: ___ / ___ / ___

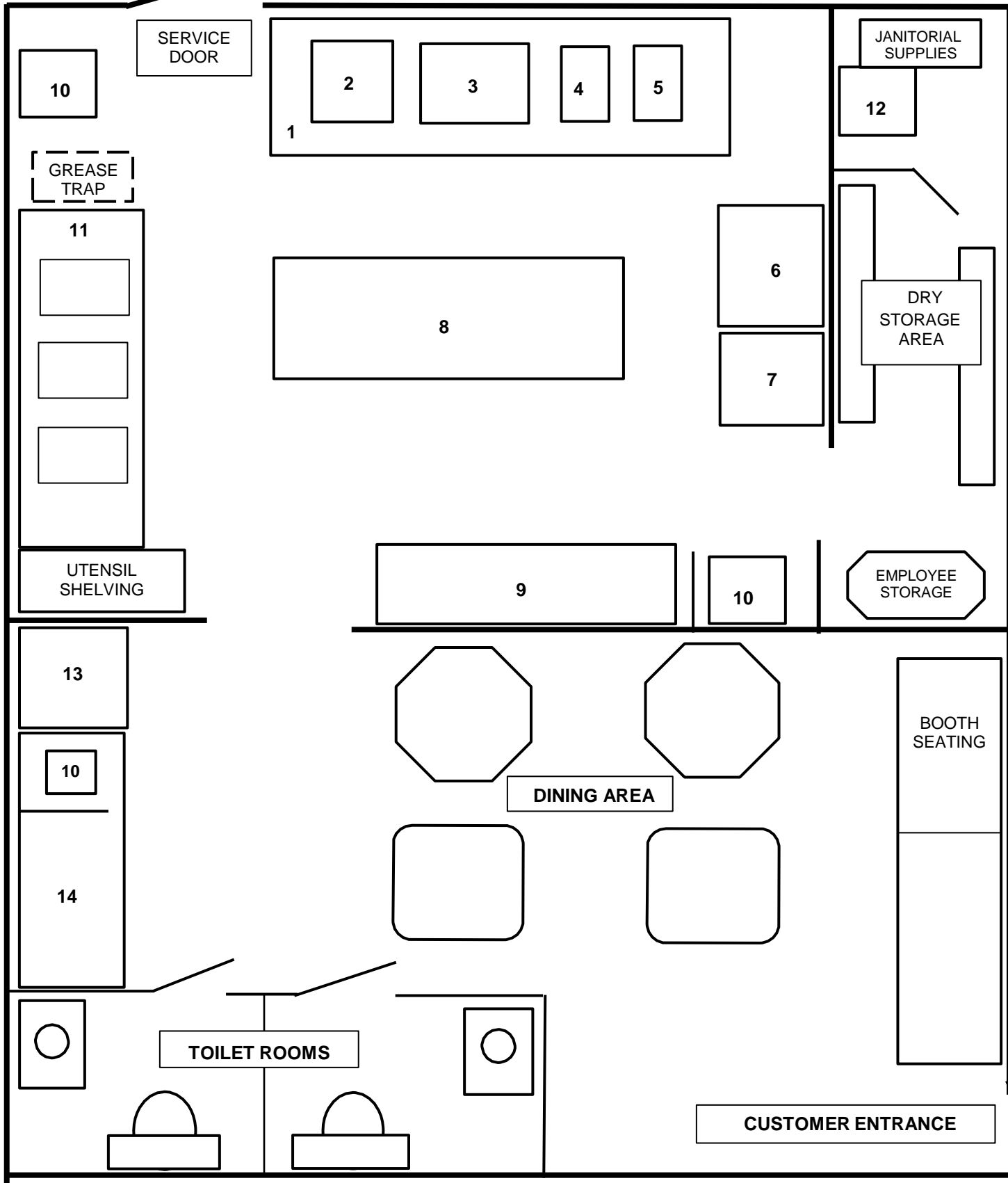
SUBMITTED BY:

ITEM NO.	ITEM DESCRIPTION	MANUFACTURER	MODEL NO.
1			
2			
3			
4			
5			
6			
7			
8			
9			
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20			

(PLEASE USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)

SAMPLE

FOOD ESTABLISHMENT FLOOR PLAN



FOOD ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

(If

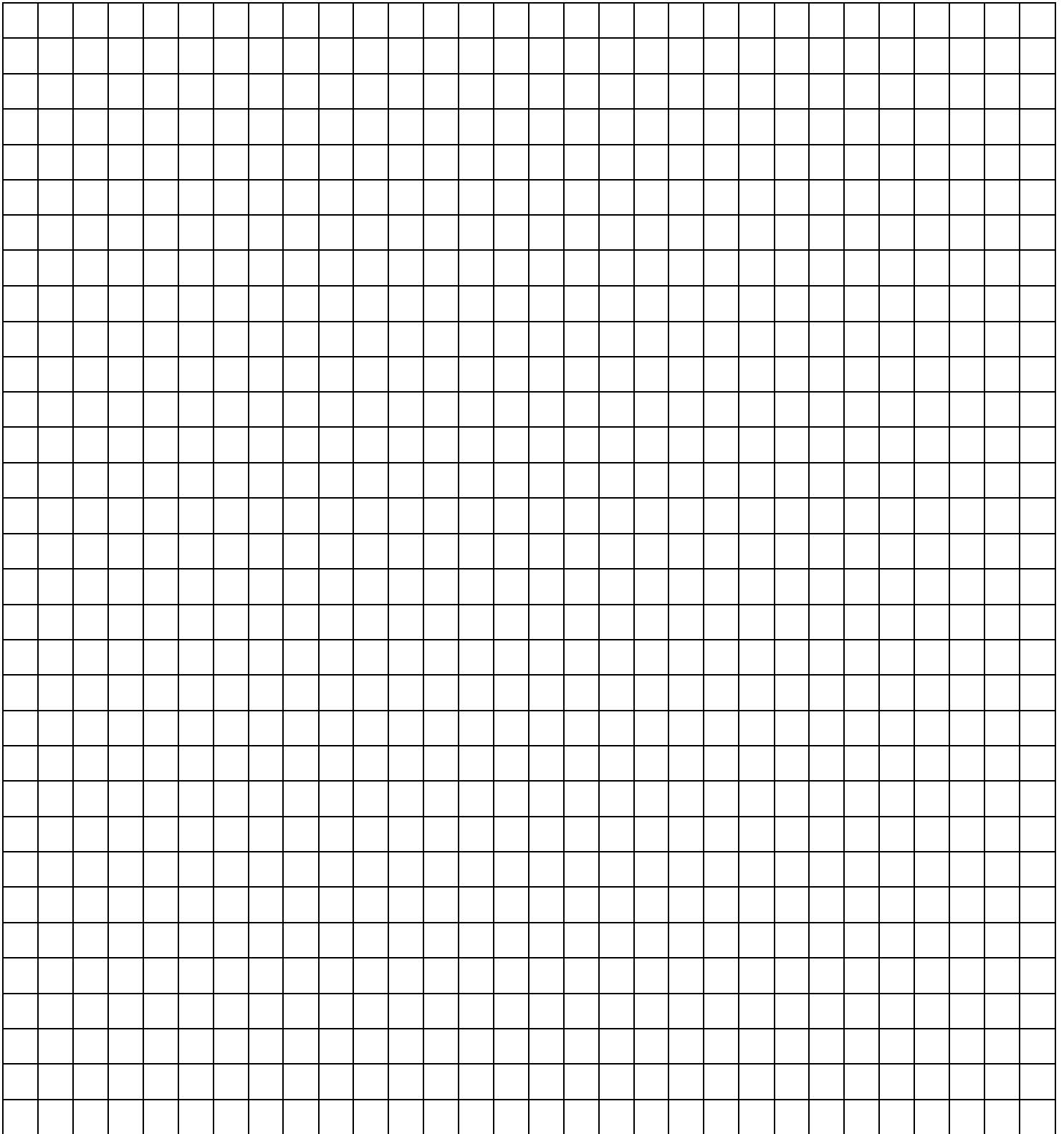
THIS PAGE IS A SAMPLE ONLY

Scale 1/4" = 1 foot

other scale, specify: _____)

NAME OF FOOD EST. _____

Submitted by: _____



FOOD ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale $\frac{1}{4}$ " = 1 foot
(If other scale, notify: _____)

NAME OF FOOD EST. _____ Submitted by: _____



FOOD PREPARATION REVIEW

1. IDENTITY OF FOOD PREPARATION REVIEW

Name of Food Establishment _____

Applicant _____

Address of Food Est. _____

Phone: _____

2. FOOD ESTABLISHMENT OPERATING CHARACTERISTICS

A. Total square footage of food establishment premises: _____ SQ _____ FT

B. Number of floors on which food operations are conducted: _____ FLOOR(S)

C. Type of meal service to be provided: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Take Out Food | <input type="checkbox"/> Seated Dining |
| <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Delivery of Prepared Food |
| <input type="checkbox"/> Catering on premises | <input type="checkbox"/> Catering off premises |
| <input type="checkbox"/> Highly Susceptible Population* (see definition below) | |

* Highly Susceptible Population: a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised, or older adults and in a facility such as a hospital or nursing home, or preschool age children in a facility such as a day care center.

D. Number of seats for dining: Interior _____ Exterior _____

E. Hours of operation:
 Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

If seasonal, specify approximate dates of operation:
 From _____ To _____

F. Approximate daily maximum number of meals to be served:
 Breakfast: _____ Lunch: _____ Dinner: _____

3. FOOD HANDLING PROCEDURES

In each of the following sections, please provide a brief description of your standard procedures to ensure that food is safe, unadulterated, and honestly presented when offered to the consumer. Please use additional sheets, if necessary.

A. Receiving Approved Source

How will you ensure that all foods are purchased from inspected and approved sources, such as retail store, purveyor, commercial processor, etc.?

B. Storage Protection from Contamination, Refrigerated and Frozen

How will you ensure that foods are maintained at 41°F or below, or frozen food maintained frozen?

FOOD PREPARATION REVIEW

How will you prevent cross-contamination between raw foods (meats, poultry, seafood) and cooked ready-to-eat foods?

C. Preparation Protection from Contamination

How will frozen foods be thawed before cooking?

How and where will foods (meat, poultry, seafood, produce) be washed and rinsed on-premises?

How will you minimize the time foods are in the Danger Zone (41°F - 135°F) during preparation?

How will ready-to-eat foods made by combining ingredients, such as tuna or chicken salad, be chilled after preparation?

D. Cooking Destruction of Organisms

How will you measure the required final cooking temperatures of Time/Temperature Control for Safety Foods (thermometers, etc)?

E. Service Limiting Growth of Organisms

How will hot foods be maintained at 135°F or above during hot holding for service (steam tables, warmers)?

How will cold foods be maintained at 41°F or below during cold holding for service (cold pan units, buffet tables, etc)?

F. Cooling Limiting Growth of Organisms

How will foods be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours (ice bath, etc.)?

G. Reheating Limiting Growth of Organisms

Describe how foods for hot holding will be rapidly reheated to 165°F for 15 seconds within 2 hours (range, microwave).

H. Disposal Segregation and Disposition of Distressed or Contaminated Food

Describe the location for separation of contaminated/distressed foods. Describe your procedures to discard foods from unapproved sources, adulterated foods, and foods contaminated by employees or consumers.

<p>Thank you for completing this Food Preparation Review. For information concerning the food safety principles involved in these procedures, consult the State of Delaware Food Code, or contact the Office of Food Protection.</p>
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