



Food Service Establishment Plan Review Application

Secondary/Shared Kitchen Food Service

Date:

Name of Primary Kitchen:

Name of Secondary Kitchen:

The intent of this application is to provide information regarding the operational procedures of the food service.

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 (Wake County Environmental Health).

Definitions:

- **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 Wake County Environmental Health is required. There is a \$250 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 open and operating kitchen. *The statuses of primary and secondary permits are linked.* Permit actions may include suspension or revocation of either permit which may impact the other business.
- **Secondary Permitted Facility** –Secondary permits are issued to vendors to operate within a primary permitted facility. 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. They are permitted and operate separately from other vendors.
- \$250 review fee and completed application are required.



Secondary Kitchen Food Service Application

Name of Secondary Permitted Facility: _____

Name of Primary Permitted Facility: _____

Address of Shared Kitchen: _____

City: _____ Zip Code: _____

Phone of Shared Kitchen:

Owner or Owner's Representative: _____

Mailing Address of Secondary Permit Holder: _____

City & State: _____ Zip Code: _____

Telephone: _____

E-mail Address: _____

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____

E-mail Address: _____

Owner: _____

Projected start date of operation: _____

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 permit approval.

Signature: _____ Date: _____

(Owner or Responsible Representative)



Schedule of Operation

Time in Shared-Use Facility:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____
Fri _____ Sat _____

**Indicate time of day/when you will be operating. Please Select. **

Morning Afternoon Evening Overnight

Specialized Food Processes:

Indicate specialized processes that will take place by the secondary permit holder.

*****Applicable HACCP or NC Variance approval must be attached*****

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (vacuum packaging)
- Smoking Sprouting Other NA

Will you utilize an outdoor grill at the facility?

Yes No

Explain checked processes:

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

A Certified Person in Charge (PIC) must be onsite during all hours of operation of the secondary kitchen. The PIC must have a Certified Food Protection Manger Certification within 210 days after the permit is issued.



Who will be the PIC/Person in Charge?

Will undercooked 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 a Consumer Advisory. **

Will beverages be served? Yes No

Will beverages be canned/bottled or made in house? Canned/Bottled Made fresh in house

Have Food and Drink menus been attached to this application? Yes No

Type of space rented:

Shared area worktable, dry good shelf, walk in cooler shelf

Private room with worktable, hand sink, coolers, **NO COOKING IN ROOM**

Private kitchen **WITH COOKING EQUIPMENT**, prep sink, etc.

Storage

Where will dry goods be stored?

How many racks will be rented for dry goods?

How many shelves will be rented in the walk-in cooler?

How many shelves will be rented in walk-in freezer?



Where will the catering equipment be stored (if applicable)?

How many times a week will you receive bulk food deliveries?

Who will accept the delivery if you are not there?

How will customers order food? (Example: online ordering, call-in)

Will food be prepared in advance or cooked at the time of ordering?

How will food be packaged for customer delivery? Provide an example of packaging you will use. (Example: Styrofoam carryout containers, aluminum serving pans)

How will food be delivered to customers? *Please Select.*

3rd Party Delivery

Operator Will Deliver

If catering, please attach spec sheets or pictures of the hot and cold holding transport equipment.



What cooking equipment will be used from the shared kitchen? Example: range, oven, steamer, etc.

What equipment will you bring into the facility? *Attach spec sheets: food processors, rice cookers, prep coolers, soup well, etc.* *Equipment must be listed for Commercial Use and meet ANSI Sanitation Standards. Domestic equipment is not allowed. Write "N/A" if not applicable.

HOT HOLDING List food that will be held hot:

COLD HOLDING List food that will be held cold at workstation and cold hold equipment used.

COOLING

Cooling includes cooking and cooling of food. Indicate by checking the appropriate boxes how cooked food will be cooled to **41°F (7°C)** within **6 hours**. Indicate the type of food cooled and location within facility cooling will occur:

Check all applicable boxes

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans in Walk-in Cooler				
Ice Baths				
Blast Chiller				

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:



Check all applicable boxes

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70°F (21°C)				
Cooked Frozen				
Microwave				

FOOD HANDLING PROCEDURES

Please provide detailed explanations of all food handling processes.

How will raw proteins arrive? (Ex. frozen, fresh)

Will any proteins arrive precooked?

Yes No

Will raw proteins arrive whole or cut in part? (Ex. whole chicken vs. chicken breasts/quarters/wings)



How will produce arrive? (Ex. fresh/whole, prewashed, precut, and ready to serve.)

At which prep table, sink, or counter will the food be handled? (Washed, cut, marinated, breaded, etc.)

Describe the process from receiving to preparing menu items in the following categories. Include specific areas where food will be stored, handled, and prepared:

READY-TO-EAT FOOD HANDLING (ex. Hot dogs, deli meats, tofu, cheese, canned foods)

PRODUCE HANDLING (Write “N/A” if not applicable.)

(Example: Tomatoes arrive fresh and will be washed in produce prep sink, cut, panned, and stored in walk in for later use)



POULTRY HANDLING (Write “N/A” if not applicable.)

(Example: poultry arrives frozen, will be thawed in walk-in overnight, and then seasoned at prep sink, and cooked in oven/on flat top/fried)

MEAT HANDLING (Write “N/A” if not applicable.)

(Example: Steak cuts arrive frozen and vacuum-packaged, then are thawed in meat prep sink, panned and moved to prep cooler, seasoned at workstation, and then cooked on flat top grill)

SEAFOOD HANDLING (Write “N/A” if not applicable.)

(Example: Shrimp arrives frozen, thawed in walk-in cooler, panned and seasoned at workstation, moved to prep cooler, and then cooked in deep fryer)



SUSHI PREPARATION (Write “N/A” if not applicable.)

SHARED AREAS THAT ARE PROVIDED BY THE PRIMARY PERMITTEE, SUCH AS DISHWASHING FACILITIES, GARBAGE, REFUSE, AND CLEANING FACILITIES WILL BE MAINTAINED BY THE PRIMARY PERMITTEE. **NOTE: *Shared Areas will be included in your sanitation inspection.***

I certify that the information in this application is correct, and I understand that any deviation without prior approval from Wake County Environmental Health and Safety Plan Review may nullify plan review approval and may result in the suspension or revocation of your permit.

Signature: _____ **Date:** _____

Submittal Required Checklist for Secondary Kitchen

- Completed Secondary Food Service Application attached to Wake County Permit Portal
- Specification sheets of equipment used *only* by this vendor. Example blenders, mixers, toasters, etc. **Equipment must be listed for Commercial Use and meet ANSI Sanitation Standards. Domestic equipment is not allowed.*
- Proposed food and drink menu for Secondary Facility.
- \$250 Plan Review Fee