



# 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)). When making changes in an existing permitted Retail Food Establishment, please complete D-1716 instead of this application. 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.scdhec.gov/food](http://www.scdhec.gov/food).

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ County \_\_\_\_\_

List Hours of Operation: S M T W Th F Sa

Permit Holder(s)/ Owner(s) \_\_\_\_\_

24-hour Emergency Contact Number(s) \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

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)):

24-hour Emergency Contact Number(s):

**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) \_\_\_\_\_

Certification Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Course Taken \_\_\_\_\_ Institution \_\_\_\_\_

**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

**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 \_\_\_\_\_

**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 \_\_\_\_\_

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

Provider \_\_\_\_\_

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

Refuse(Trash)  
Contractor \_\_\_\_\_

Grease Disposal  
Contractor \_\_\_\_\_

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

Not Required

Installed  
Location \_\_\_\_\_

**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 \_\_\_\_\_  
Sanitizing Method:  
 Pre-rinse sink provided  
 Drainboards

Model Number \_\_\_\_\_  
 Chemical OR  Hot Water  
 Pre-wash cycle part of machine operation  
 Utensil Racks  Tables

2. Manufacturer \_\_\_\_\_  
Sanitizing Method:  
 Pre-rinse sink provided  
 Drainboards

Model Number \_\_\_\_\_  
 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  Hose Reel  Disposal  Steam Table  Scrapping Trough  
 Dipper Well  Waste Pulper  Steamer  Pasta Cooker  Combi-therm Oven  
 Wok Stove  Rotisserie Oven  Water Chiller  Proofer  Rack Oven  
 Beverage Dispensers  Coffee/Tea  Other \_\_\_\_\_



