



RETAIL FOOD ESTABLISHMENT
APPLICATION & PERMIT DOCUMENT

Bureau of Environmental Health Services
Division of Food and Lead Risk Assessment

FOR OFFICE USE ONLY
Fees Received (8-302.13(D), 8-304.11(A)(3)) Date
Application reviewed Date Reviewer
Permit issued Date Reviewer
Process/Risk Category 1 2 3 4 Permit #

This document is intended for new and change of ownership Retail Food Establishments only. Application must be complete and legible. Any missing information will result in delays in processing this application.

Establishment Name
Establishment Address City Zip
Phone E-mail County
List Hours of Operation: Su M Tu W Th F Sa
24-hour Emergency Contact(s) (name, phone, and e-mail)

Permit Holder(s)/ Owner(s)
Billing Address
City State Zip
Phone Mobile E-mail

1. Facility Type (8-302.14, 8-303)
Operation Type Continual Seasonal Start Month/Date End Month/Date

2. Type of Retail Food Establishment (Check all that apply. Additional operations must meet all criteria that apply.) (1-201.10 (106))
Restaurant Convenience Store Institution (Schools, Jails, etc.) Sushi^
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
^ Preparation onsite

3. Certified Food Protection Manager(s) (CFPM) A minimum of one (1) person in charge with food safety/training responsibilities.
2-102.12(A), 2-102.20 Copies Attached
Certain types of food operations may be exempt from CFPM. (2-102.12(C)) Variance request required Copies Attached
Food Handlers Certificate At all times during operation, the person in charge with food safety/training responsibilities.
2-102.12(B) Copies Attached

4. Written Employee Health Policy ([2-201.11](#), [2-201.12](#)) Document(s) Attached
Written Vomit & Fecal Event Clean-up Policy ([2-501.11](#)) Document(s) Attached

5. Variance(s) Requested ([3-401.11\(D\)\(4\)](#), [3-404.11](#), [3-502.11](#), [3-502.12](#), [8-103.10\(A,B,C\)](#), [8-103.11](#), [8-201](#), [8-302.14\(A\)\(4\)](#))
 Not Applicable Special Process Construction/Equipment Other _____ Document(s) Attached

6. Menu or List of Foods to be Served ([8-302.14\(A\)\(2\)](#)) Document(s) Attached

7. Consumer Advisory ([3-603](#)) Not Applicable Advisory Location _____

8. Cooking Processes
 No cooking step (deli meats, ice cream, etc.) Cook and serve
 Cook, Cool, and Reheat (food will be cooked, cooled, and reheated for later service)

9. Water Supply ([5-101.11](#), [8-302.14\(A\)\(5\)](#)) Public Provider _____
 Well Permit Number _____
Sewage Disposal ([5-403.11](#), [8-302.14\(A\)\(6\)](#)) Public Provider _____
 Septic (or similar onsite system) Number of Seats (per OSWW) _____

10. Refuse Contractor(s) ([5-501](#), [5-502](#)) Refuse (Trash) Contractor _____
 Grease Disposal Contractor _____

11. Grease Trap(s) or Grease Interceptor(s) ([5-402.12](#)) Not Required Installed Location _____ Size _____

12. Equipment, Mechanical Warewashing, Manual Warewashing ([4-101](#), [4-202](#), [4-204.113](#), [4-204.117](#), [4-204.119](#), [4-205](#), [4-301.11](#), [4-301.12](#), [4-301.13](#), [4-302.13](#), [4-501](#), [4-603.12](#), [4-603.15](#), [4-603.16](#), [8-302.14\(A\)\(9\)](#))
Equipment, including refrigeration, must meet ANSI/NSF, BISSC (or other accredited ANSI commercial food equipment certification).
 NSF/ANSI Certified
If the list of cooking, heating, preparation, refrigeration, and cooling equipment exceeds the provided space, please provide a **complete** list instead as an attachment and check the "Document(s) Attached" box. Document(s) Attached

Type	Manufacturer	Model Number	Location

13. Backflow Prevention Devices To protect the drinking water supply from contamination by questionable water, chemicals, or pollution, backflow prevention must be provided at each point of use. ([5-202.13](#), [5-202.14](#), [5-203.14](#), [5-203.15](#), [5-204.12](#))

- Not Applicable ASSE Certified

 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 _____

14. Notes _____

1. Applicant shall be the owner of the proposed Retail Food Establishment or the presiding officer of the legal entity owning the proposed Retail Food Establishment. ([8-302.13\(A\)](#))
2. To submit an application, request a preoperational inspection, or to obtain additional information, contact your local DHEC office by visiting <https://www.scdhec.gov/ea-regional-offices>.
3. **Applicant shall submit a completed application for permit at least thirty (30) calendar days before the date planned for opening of the new facility ([8-302.11](#)). Within fifteen (15) calendar days of a change of ownership ([8-303.20\(A\)\(1\)\(a\)](#)), the applicant shall submit a completed application for permit.**
4. Applicant must pay the application fee of one-hundred dollars (\$100) **plus** the applicable annual inspection fee for the anticipated annual gross sales of food and food products at the time the completed application has been submitted. ([8-302.13\(D\)](#), [8-304.11\(A\)\(3\)](#))
5. **Applicant must request the preoperational inspection fourteen (14) days prior to an inspection to issue a permit. ([8-203.10](#))**
6. Applicant must operate as a retail food establishment (serve or sell food) for no less than fifteen (15) consecutive days annually or be in operation for at least one (1) day a week for no less than fifteen (15) weeks annually. ([8-304.11\(A\)\(5\)](#))

Sales	Fees
\$0 - \$250,000	\$100.00
\$250,000 - \$500,000	\$150.00
\$500,000 - \$750,000	\$200.00
\$750,000 - \$1,000,000	\$250.00
\$1,000,000 - \$1,250,000	\$300.00
\$1,250,000 - \$1,500,000	\$350.00
\$1,500,000 - \$1,750,000	\$400.00
\$1,750,000 and above	\$450.00

I, the undersigned, attest to the accuracy of the information provided in this application, and I affirm that the retail food establishment will comply with SC DHEC Regulation 61-25. I understand that changes in food preparation types, additions of equipment, and/or structural changes must be approved by the Department prior to implementation and may require that I submit a new application.

It is unlawful for a person to willfully give false, misleading, or incomplete information on a document, record, report, or form required by the laws of this State.

Should the facility fail to adhere to the requirements of Regulation 61-25, the permit to operate may be subject to enforcement action, which may include civil penalties pursuant to Section 44-1-150(B) of the South Carolina Code of Laws and/or permit suspension/revocation pursuant to Regulation 61-25, Retail Food Establishments.

 Owner/Presiding Officer Signature ([8-302.13\(A\)](#)) Print Name Submittal Date

**SOUTH CAROLINA DEPARTMENT OF
HEALTH AND ENVIRONMENTAL CONTROL**

DHEC FORM 1769
Instructions for Completing

1. Provide the establishment name.
2. Provide the establishment's physical address to include the city and zip code.
3. Provide the establishment's phone number including the area code.
4. Provide the email address to be used by the retail food establishment.
5. List the seven-day hours of operation. If there are days when the facility is not in operation, please print "Closed" for the day. If the facility never closes, print "24 hours" beside each day.
6. Provide 24-hour emergency contact information – including name, email address, and phone number (including area code).
7. Provide the permit holder(s)/owner(s) name.
8. Provide the billing address if different from the above physical address to include city, state, and zip code.
9. Provide an alternate contact number for the permit holder(s)/owner(s) – land line or mobile to include area code.
10. Provide the permit holder(s)/owner(s) email address.
11. Identify whether the facility is new, converted, remodeled, or a change of ownership by checking one of the boxes. If the facility is seasonal, provide the start and end date of operation.
12. Identify the type of retail establishment by checking all boxes that apply. If needed, attach additional document(s).
13. Attach a copy(ies) of the Certified Food Protection Manager (CFPM) certificate that includes the date, expiration date, course taken, and institution. The CFPM is not required for mobile food pushcarts.
14. Attach a copy(ies) of the Food Handlers Certificate for the person(s) in charge.
15. Attach a copy of the retail food establishment's employee health policy.
16. Attach a copy of the retail food establishment's vomit and fecal event cleanup policy.
17. If it applies, attach variance documentation and check the box(es) for the type of variance.
18. Attach a menu or list of foods to be served.
19. If it applies, attach a copy of the consumer advisory.
20. Check the box for the cooking processes used in the retail food establishment.
21. Provide information on the water supply and sewage disposal systems.
22. Provide refuse contractor information for trash pickup and if it applies, for grease disposal.
23. Provide grease trap or grease interceptor information, if installed.
24. Provide the type, manufacturer, model number, and location of food equipment for cooking, heating, preparation, refrigeration, and cooling. If list of equipment is more than will fit in the space provided, check the documents attached box and provide a complete list of equipment as an attachment.
25. Identify equipment in the retail food establishment where backflow prevention devices are installed by checking each box that applies.
26. Application must be signed by the owner/presiding officer. Include the printed name of the owner/presiding officer and the date of submittal provided.

Retention schedule for this form is: 11701- Retail Food Establishments.