

**PLAN REVIEW APPLICATION  
FOR BUSINESSES OPERATING FROM  
A SHARED KITCHEN**

Name of Commissary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_

Applicant: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**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)

This application must be completed and accompanied by:

- Payment of \$75 plan review fee
- A copy of the menu

**Orange County Health Department  
Environmental Health Services  
P O Box 8181  
131 W. Margaret Lane, Suite 100  
Hillsborough, NC 27278**

**Schedule of Operation:**

Time of Day: \_\_\_\_\_

Sun  Mon  Tue  Wed  Thu  Fri  Sat

Other Scheduling Information: \_\_\_\_\_

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**Projected number of meals prepared per day:**

Breakfast: \_\_\_\_ Lunch: \_\_\_\_ Dinner: \_\_\_\_

**Type of Operation:**

- Catering
- Mobile Food Unit / Pushcart / Food Truck
- Food for sale at another location (specify) \_\_\_\_\_
- Other \_\_\_\_\_

**Type of Food Service (Check all that apply):**

Single-service (disposable):

- Plates     Glassware     Silverware

Multi-use (reusable):

- Plates     Glassware     Silverware

**Specialized Food Processes:**

- Curing     Acidification (sushi, etc.)     Reduced Oxygen Packaging (eg: Vacuum)
- Smoking     Bean Sprouts     Other

**Explain checked processes:**

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**Highly susceptible populations that will be catered to or served:**

- Nursing Home     Child Care Center     Health Care Facility
- Elderly / Infirmed     Preschool-aged children

**Cold Storage Space (assigned)**

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

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

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

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

Frequency of deliveries and expected volume of refrigerated product at each delivery:

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**Hot Holding**

Volume and items of food that will be held **hot**:

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**Cold Holding**

Volume and items of food that will be held **cold**:

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**Cooling Processes**

Indicate by checking the appropriate boxes how cooked food will be cooled to 45<sup>0</sup>F within 6 hours.

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thawing Processes**

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

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water (< 70 <sup>0</sup> F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Food Handling Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen on the plan where corresponding food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from beginning to end including:

- Arrival - How the food will arrive (frozen, fresh, packaged, etc.)
- Storage - Where the food will be stored (refer to the floor plan)
- Preparation
  - Where food will be processed (refer to the floor plan)
  - How the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- Time of day and frequency that food will be handled

### 1. Ready-to-eat Foods (ex/ salads, cold sandwiches, sushi, oysters, etc.)

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### 2. Produce

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### 3. Poultry

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**4. Meats**

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**5. Seafood**

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**Dry Storage**

Frequency of deliveries and the expected volume of dry goods at each delivery:

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Square feet of assigned dry storage shelf space: \_\_\_\_\_ft

Where is the assigned dry goods storage? \_\_\_\_\_

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