



RETAIL FOOD ESTABLISHMENT APPLICATION & PERMIT DOCUMENT

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

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)). If making changes in an existing permitted Retail Food Establishment, please complete D-1716 instead of this form. 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.

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), RFE – Remote Service (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 _____	Model Number _____
Sanitizing Method:	<input type="checkbox"/> Chemical OR <input type="checkbox"/> Hot Water
<input type="checkbox"/> Pre-rinse sink provided	<input type="checkbox"/> Pre-wash cycle part of machine operation
<input type="checkbox"/> Drainboards	<input type="checkbox"/> Utensil Racks <input type="checkbox"/> Tables
2. Manufacturer _____	Model Number _____
Sanitizing Method:	<input type="checkbox"/> Chemical OR <input type="checkbox"/> Hot Water
<input type="checkbox"/> Pre-rinse sink provided	<input type="checkbox"/> Pre-wash cycle part of machine operation
<input type="checkbox"/> Drainboards	<input type="checkbox"/> Utensil Racks <input type="checkbox"/> Tables

15. Manual Warewashing (check all that apply)
(4-204.119, 4-205.10, 4-301.12, 4-301.13, 4-302.13(A), 4-603.15, 4-603.16)

NSF/ANSI Certified

Temperature Measuring Device provided Clean In Place

Drainboards 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)

<input type="checkbox"/> Warewasher	<input type="checkbox"/> Hose Reel	<input type="checkbox"/> Disposal	<input type="checkbox"/> Steam Table	<input type="checkbox"/> Scrapping Trough
<input type="checkbox"/> Dipper Well	<input type="checkbox"/> Waste Pulper	<input type="checkbox"/> Steamer	<input type="checkbox"/> Pasta Cooker	<input type="checkbox"/> Combi-therm Oven
<input type="checkbox"/> Wok Stove	<input type="checkbox"/> Rotisserie Oven	<input type="checkbox"/> Water Chiller	<input type="checkbox"/> Proofer	<input type="checkbox"/> Rack Oven
<input type="checkbox"/> Beverage Dispensers	<input type="checkbox"/> Coffee/Tea	<input type="checkbox"/> Other _____		

18. 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.
2. To submit an application, request a preoperational inspection, or to obtain additional information, contact your local DHEC office by visiting <http://www.dhec.sc.gov/HomeAndEnvironment/DHECLocations/>.
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 [\(8-302.11\)](#) or within fifteen (15) calendar days from the date of the change of ownership [\(8-303.20\(A\)\(1\)\(a\)\)](#).
4. Applicant must pay the applicable fees at the time the completed application has been submitted.
5. Applicant must request the preoperational inspection fourteen (14) days prior to an inspection to issue a permit. [\(8-203.10\)](#)

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

FOR OFFICE USE ONLY		<input type="checkbox"/> Update to Pre-Existing Permit	<input type="checkbox"/> Inspection Fee Received (8-302.13(D))
Application complete	Date _____	Reviewer _____	
Pre-Operation Inspection	Date _____	Reviewer _____	
R.61-25 Permit Issuance	Date _____	Reviewer _____	
Process/Risk Category:	1 2 3 4	Permit # _____	