

**HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER
FOOD SERVICE ESTABLISHMENTS
CHANGE OF OWNERSHIP**

Potential owners are required to complete this application so we may collect the necessary information for the purpose of issuing a permit for an establishment that may have or has changed ownership. All questions must be completed so that we can determine if any operational changes may occur or if the type of food preparation will be modified. A proposed menu must be submitted with this application

This application will be reviewed using North Carolina's 15A NCAC 18A .2600 "*Rules Governing the Food Protection and Sanitation of Food Establishments*" and the *NC Food Code Manual*. To view these rules, go to <http://www.deh.enr.state.nc.us/rules.htm> or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. This application must be submitted to the local health department for approval prior to the change of ownership.

Submit completed application to:

Harnett County Health Department
Environmental Health Section
307 West Cornelius Harnett Blvd.
Lillington, NC 27546

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Nikki Eason, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- A proposed menu
- A completed Food Service Plan Review Application/Change of Ownership

09/19
gv

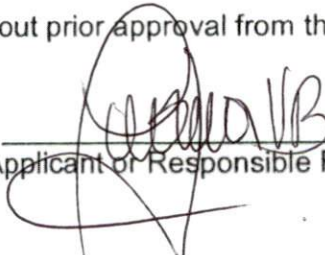
Food Service Plan Review Application

Name of Establishment: BRIDAN YAKES COLOMBIAN RESTAURANT.
Physical Address: 827A S 8th St.
City: Lillington State: NC Zip: 27546
Phone (if available): 5164699682 Fax: _____
Email: Juanislu5276@hotmail.com

Applicant: JUANAVARGAS BORNSCHEIN.
Address: 1347 OHIO LN.
City: Sanford State: NC Zip: 27332
Phone: 5164699682 Fax: _____
Email: Larryalejandros5276@hotmail.com

Owner (if different from Applicant): Richard Bornschein
Address: 1347 OHIO LN.
City: Sanford State: NC Zip: 27332
Phone: 516 402 1832 Fax: _____
Email: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature:  Date: 10.02.2023
(Applicant or Responsible Representative)

Hours of Operation:

Mon 0-0 Tues 11-8 Wed 11-8 Thurs 11-8 Fri 11-9 Sat 11-9 Sun 11-9

Number of Seats: 48

Facility total square feet: _____

Projected start date: IMMEDIATE

Type of Food Service:

Check all that apply

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): BAKERY AND BOBA STATION

- Sit down meals
- Take-out meals
- Catering

Utensils:

Multi-use (reusable): Single-use (disposable):

Food delivery schedule (per week): _____

Indicate any **specialized process** that will take place:

Curing Acidification (sushi, etc.) Smoking
 Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Has the process been approved by the Variance Committee of the DPH Food Protection Branch? _____

Indicate any of the following **highly susceptible populations** that will be catered to or served:

Nursing/Rest Home Child Care Center Health Care Facility
 Assisted Living Center School with pre-school aged children or an immunocompromised population

Water Supply:

Type of water supply: (check one)

- Non-public (well)
- Community/Municipal

Is an annual water sample required of your establishment? (check one)

- Yes
- No

Wastewater System:

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

Water Heater:

Manufacturer and Model: _____

Storage Capacity: _____ gallons

- Electric water heater: _____ kilowatts (kW)
- Gas water heater: _____ BTU's

Water heater recovery rate: 5.5 GPH

If tankless, _____ GPM ; Number of heaters: _____

Person in Charge (PIC) and Employee Health

Are Persons in Charge certified food protection managers who have passed a test accredited by an approved ANSI program? _____

Eligible Person In Charge: Carlos Carrajal
Program _____ Cert. # 16715977 Exp. Date 07/25/2024

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: _____
Program _____ Cert. # _____ Exp. Date _____

Eligible Person In Charge: _____
Program _____ Cert. # _____ Exp. Date _____

*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? _____

Food Sources

| | Names of food distributors: | Deliveries/wk |
|----|-----------------------------|---------------|
| 1. | <u>PFS Company</u> | _____ |
| 2. | <u>Concept</u> | _____ |
| 3. | <u>US FOODS</u> | _____ |
| 4. | _____ | _____ |

Time/Temperature Control for Food Safety

Foods that will be held hot before serving: Rice, beans, soups

Foods that will be held cold before serving: Shrimp, salads

Will time be used as a method to control for food safety? _____

Will a buffet be provided? NO If so, attach a list of foods that will be on the buffet.

Cooling

List foods that will be cooked and cooled for later use or added to another food as an ingredient: Shrimp

Describe utensils and methods used to cool foods: Plastic containers

Dry Storage

Frequency of deliveries per week: 2 Number of dry storage shelves: 2

Square feet shelf space: 150 ft²

Is a separate room designated for dry storage? Yes

Food Preparation Facilities

Number of food prep sinks: 2 Are separate sinks provided for vegetables and meats? Yes

Size of sink drain boards (inches): 32

How will sinks be sanitized after use or between meat species? _____

Chlorine

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 32 Width 32 Depth 32

Length of drain boards (inches): Right 6 Left 6

Are the basins large enough to immerse your largest utensil? Yes

What type of sanitizer will be used?

Chlorine Quaternary Hot water (171°F) Other (specify) _____

Mechanical Dishwashing

Will a dishmachine be used? Yes No

Dishmachine manufacturer and model: _____

Hot water sanitizing? _____ or chemical sanitizing? _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? _____

How many air drying shelves will you have? 2

Calculate the square feet of total air drying space: 12 ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: IN THE KITCHEN. IS 3 one in the front and 2 in the back

Employee Area

Indicate location for storing employees' personal items: IN THE BACK OF THE RESTAURANT IN THE AREA OF GENERAL STORAGE.

Garbage, Refuse and Other

Will trash be stored in the restaurant overnight? Yes _____ No If so, how will it be stored to prevent contamination? _____

Location and size of can wash facility: back in the kitchen.

Are hot and cold water provided as well as a threaded nozzle? YES.

Will a dumpster be provided? NO

Do you have a contract with the dumpster provider for cleaning? owner of building.

How will used grease be handled? Grease container in the back.

Is there a contract for grease trap cleaning? Yes.

Are doors self-closing? Yes Fly fans provided? NO

Where will chemicals be stored? IN specific place in the back.

Where will clean linen be stored? IN THE BACK ROOM.

Where will dirty linen be stored? IN THE BACK ROOM IN special container.

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process. Incomplete descriptions may result in the application being returned.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

FOOD PRODUCT BEEF.

- Fresh and refrigerated.
- We have a special refrigerator to storage.
- We have a special table and place to manipulated the product.
- IN THE morning time.

FOOD PRODUCT CHICKEN.

- Fresh and refrigerated.
- We have a special refrigerator to storage.
- We have a special table and place to manipulated the product.
- morning time.

FOOD PRODUCT Seafood

- Frozen. Freezer.
- We have special refrigerator to stored the product.
- We used the refrigerator for 12 hours to defrost the product.

FOOD PRODUCT Cheese

Fresh and refrigerated

We have other part of the kitchen with other counter table to manipulated the cheese, and we used special utensils to do that.

FOOD PRODUCT Potato and Yuca

Fresh and Frozen

We used the ~~ref~~ freezer to storage and we used the refrigerator to defrost the products with 12 hours before of used.

***ADDITIONAL SHEETS ARE AVAILABLE

FOOD PRODUCT Plantain.

Fresh and Frozen.

We storage in the freezer of the vegetables.

We have special table to manipulated this products.

FOOD PRODUCT Avocatos.

Fresh and refrigerated.

We used the refrigerator. and we manipulated this product in the table of - the vegetables.

FOOD PRODUCT Salads

fresh and refrigerated.

We used the refrigerator. and we used the table to manipulated all the vegetables

***ADDITIONAL SHEETS ARE AVAILABLE

FOOD PRODUCT Vegetables

Fresh and Frozen.

• We have special refrigerator to storage.

• we have and used the table ~~and~~ to make preparation.

FOOD PRODUCT Pulp of fruit.

Frozen.

We storage in the vegetable freezer.
We don't need defrost.

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE