



BLADEN COUNTY HEALTH DEPARTMENT

Environmental Health Division

450 Smith Circle – P.O. Box 189 - Elizabethtown, NC 28337

Phone: (910) 862-6852 Fax: (910) 862-6932

LODGING ESTABLISHMENT APPLICATION

Type of Application: New Application* Remodel Change of Ownership/Transitional Permit

**If this a new chain or franchise facility, submit plans for review to the address on Page 3, or visit:
<http://ehs.ncpublichealth.com/faf/food/planreview/contacts.htm>*

Type of Operation: Hotel/Motel Bed & Breakfast Home or Inn

Name of Facility: _____

Name of Applicant: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name/Corporation to be listed on permit: _____ **Phone:** _____

Permittee Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Projected Start Date:** _____

Please complete the following information about the facility:

WATER SUPPLY

What type of water supply is provided? Municipal/Public Well*

Ice used by the facility will be: Made on the Premises Purchased

WASTEWATER SYSTEM

What type of wastewater system is provided? Municipal/Public Septic System*

** If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements.*

FOOD SERVICE

What type of food service will be provided?

Breakfast Lunch Dinner Continental Breakfast Only* Manager's Receptions* **If facility provides only a continental breakfast or manager's reception, skip to "ice" section.*

Is there a separate hand sink provided in the kitchen or food service area? Yes No

What type of utensils will be used for guests? Multi-use utensils Single-service items

How are employees educated on the requirements of an employee health policy? _____

Has the operator/person in charge of the facility taken and passed an approved food safety course within the past 5 years? Yes No

UTENSIL & EQUIPMENT CLEANING

Number of sink compartments: _____

Where will dishes and utensils be air-dried? _____

What type of sanitizer will be used? Chlorine Quat Hot water (at least 171 F)

Will sanitizer test strips be provided? Yes No

Describe how food contact equipment (mixers, cutting boards, cooking equipment, countertops) will be cleaned and sanitized: _____

Will a dishmachine be used? Yes No

o Manufacturer & Model Number: _____

o Type of Sanitization: Chemical Hot water

ICE

Are ice machines accessible to guests? Yes No

o If yes, provide make and model number of ice machine: _____

WATER HEATER

Type of water heater proposed: Tankless Storage Tank

If storage tank type, what is the capacity? _____ gallons

o Manufacturer & Model Number: _____

How is the water heater powered? Electric _____ kilowatts (kW) Gas _____ BTU

FINISHES – Indicate floor, wall, ceiling, and baseboard materials in the chart below:

Area	Floor	Walls	Ceiling	Baseboards
Kitchen				
Guest Bedrooms				
Guest Bathrooms				
Laundry Room				
Vending Areas				

CHEMICAL & TOXIC MATERIAL STORAGE

Describe the location of chemicals and toxic materials (cleaning supplies, medications, sanitizer) in the facility:

LAUNDRY

Is guest laundry cleaned on-site? Yes No

Is a separate hand sink provided in the laundry area? Yes No

REFUSE & RECYCLABLES

Where will refuse be stored? Inside Outside

o If inside, where will refuse be stored? _____

How will refuse be disposed of? Dumpster/Compactor Municipal Convenience Site

Describe size and location of the mop sink or can wash area (*hotels/motels only*): _____

PEST CONTROL

How are all outside doors protected? Self-closing Fly fan Screen door

Is the facility air-conditioned? Yes No

o If no, how are outside windows protected? Screens Self-closing

Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge.
I understand that:

Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.

Food service facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .1800 "Rules Governing the Sanitation of Lodging Establishments" will not receive an operational permit from this Department.

It is the applicant/operator's responsibility to inform the local Fire Marshal of any fossil fuel or wood burning heaters, appliances, and fireplaces in the facility in accordance with Session Law 2013-413 to determine if carbon monoxide detectors will be required.

Approval of this application or issuance of an operational permit by Bladen County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.

Signature of Applicant/Operator: _____ Date: _____

Application Submission Requirements:

- 1) Completed application.
- 2) Proposed menu if food is provided to guests.
- 3) Scaled drawing or plans for the facility.
- 4) Manufacturer's specification sheets for all proposed equipment where required.

Please feel free to contact us at (910) 862-6852 if you have questions about this application.

Submit completed application to:

**Bladen County Health Department
Environmental Health Division
P.O. Box 189
450 Smith Circle
Elizabethtown, NC 28337**

For chain/franchise facilities, submit completed application to:

**NCDHHS-Environmental Health Division
Plan Review Section
5605 Six Forks Road Building #3
Raleigh, NC 27609**