

# Pender County Health Department

...Building a healthier tomorrow...

**Carolyn Moser, MPA**  
Health Director

## Supplementary Catering Plan Review Application

The North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600) require that plans drawn to scale for food service establishments shall be submitted for review and approval to the local Health Department. Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation. This form will be completed in addition to the Establishment Plan Review Application to provide the Pender County Health Department supplementary information regarding catering services at the establishment under review.

### Commissary Information:

Proposed Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

Owner/Manager's Name: \_\_\_\_\_

### Applicant Contact Information:

Applicant/Establishment Contact Person: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Catering Information:

1. How far will food be transported?

Local Events

Out of County Events

Out of State Events

2. Please provide a list of all potential locations you are proposing to serve food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: The applicant will need to contact the local Health Departments in each county that they plan to serve and find out what they will require.**

803 S. Walker St., Burgaw, NC 28425 (910) 259-1328 Fax (910) 259-1258

Environmental Health (910) 259-1233 WIC (910) 259-1290

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3. Please provide the following information:
- Proposed Off-site Catering menu (including seasonal, off-site, banquet menus, ect.)
  - Show auxiliary areas such as storage rooms for catering equipment and supplies.
  - Submit specification sheets for all catering equipment and supplies.
  - Submit specification sheets for all additional kitchen equipment and updated floor plan.
  - Submit specification sheets for all hot and cold serving units.

**Food Handling Process:**

1. What type of vehicle will be used to transport catering equipment and food?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Company van or truck | <input type="checkbox"/> Mobile Food Unit  | <input type="checkbox"/> Hot & Cold holding truck |
| <input type="checkbox"/> Enclosed trailer     | <input type="checkbox"/> Employee vehicles | <input type="checkbox"/> Rental Truck             |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Other: _____      | <input type="checkbox"/> Other: _____             |

2. How do you plan on keeping hot foods hot and cold foods cold during transportation and while they are serving at each location?

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3. How long will the food be stationed at each location? How long upon arrival will food be sitting prior to being served?

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4. Are you planning to serve one site per day or multiple sites during the day? \_\_\_\_\_

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5. Are you planning on portioning food at the commissary kitchen or serve portions from a bulk supply at the event location?

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6. What are the plans for managing leftover food at an event? \_\_\_\_\_

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7. Check all the items provided by the caterer:

Items provided by Caterer	Number	Storage Location
Multi-use Plates**		
Multi-use Silverware**		
Multi-use Cups/Glasses**		
Disposable Plates		
Disposable Silverware		
Disposable Cups		
Carving Stations**		
Sneeze Guards		
Grills/Cookers		
Chaffing Pans**		
Cambros (hot holding)		
Coolers (cold holding)		
Punch Bowls**		
Fountains**		
Tea Urns**		
Coffee Machines**		
Ice Sculptures		
Table Cloths/Linens**		
Table Skirting**		
Serving Stations/Buffer		
Serving Baskets		
Tables		
Chairs		
Tents		


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*STATEMENT: I hereby certify that I have contacted the appropriate agencies for approval for construction/renovation/change of use of this proposed establishment. All information provided in this application is correct and I fully understand that any deviation without prior approval from this Health Regulatory Authority may nullify this approval.*

 Applicant Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

 Applicant Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

*Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other federal, state, or local code, law, or regulation that may be required; and does not cover any aspects of construction regulated by other jurisdictions. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment).*

*A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments. Please contact this Health Department to schedule the pre-opening inspection.*

**Submit this application, permit fee, specification sheets, detailed menu, and site plans to:**

**Pender County Health Department – Environmental Health**  
**803 South Walker Street, Burgaw, NC 28425**  
**Phone: (910) 259-1233**

**803 S. Walker St., Burgaw, NC 28425      (910) 259-1328      Fax (910) 259-1258**

**Environmental Health (910) 259-1233      WIC (910) 259-1290**