



# JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180

Fax: 919-989-5190

Email: [envhealth@johnstonnc.com](mailto:envhealth@johnstonnc.com)

## Transitional Permit Application

**Application Submittal:** This completed Application with the Floor Plan drawing and a proposed Menu must be submitted to the Johnston County Environmental Health Office prior to permitting. This packet can be submitted in person or by mail at the address listed above. It can also be submitted via email to the email address listed above. There is not a fee for this application process.

### General Information:

New Name of Establishment: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Previous Name of Establishment: \_\_\_\_\_

Previous Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Projected Date of Purchase: \_\_\_\_\_

Projected Date to Open under New Ownership: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(New Owner or Owner's Representative)

### Hours of Operation:

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

### Type of Food Service:

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Meat Market

\_\_\_\_\_ Food Stand (no seats provided)

\_\_\_\_\_ Lodging

\_\_\_\_\_ Drink Stand (no food, multiuse cups)

\_\_\_\_\_ Catering Only

\_\_\_\_\_ Commissary

\_\_\_\_\_ Other: \_\_\_\_\_



**Drawing of the floor plan:** Include locations of sinks, dish machines, cooking equipment, coolers, freezers, can wash/mop sinks, prep stations, serving areas, storage areas, outside storage or serving areas, beverage and bar areas. If changes are going to be made, please indicate that as well on this plan.

