



South Carolina Department of Health and Environmental Control
Retail Food Establishment Application



This document is intended for new and change of ownership Retail Food Establishments only. Application must be complete and legible. Any missing information will result in delays in processing this application.

Establishment Name
Establishment Address City Zip
Phone E-mail County
List Hours of Operation: S M Tu W Th F Sa
24-hour Emergency Contact(s) (name, phone, and e-mail)

Permit Holder/Owner Names(s)
Billing Address
City State Zip
Phone Mobile E-mail

1. Facility Type: (8-302.14, 8-303) [] New/Converted/Remodeled [] Change of Ownership
Operation Type: [] Continual [] Seasonal: Start Month End Month

2. Type of Retail Food Establishment: (1-201.10(B)(106))
[] Restaurant [] Convenience Store [] Institution Other
[] Grocery Store: (check only those areas to be covered by this permit)
[] Meat Market [] Seafood Market [] Deli [] Bakery [] Produce [] Sushi (prepared onsite)
[] Mobile Food (9-1)
[] Shared Use Operations/Commissary (9-5)
[] Immediate Outdoor Cooking (9-6)
[] Barbecue Pit/Pit-Cooking Room Construction (9-7) [] Attach applicable documents as per Chapter 9

3. Certified Food Protection Manager(s) (CFPM) 2-102.12(A), 2-102.20 A minimum of one (1) person in charge with food safety/training responsibilities.
Food Handlers Certificate 2-102.12(A, B) At all times during operation, the person in charge with food safety/training responsibilities or be a CFPM.
Note: Certain facilities are exempted from the requirement for a CFPM under 2-102.12(C) [] Attach certificates

4. Written Employee Health and Vomiting or Diarrheal Event Clean up Policies 2-201.11, 2-201.12, 2-501.11
Fact Sheets: Employee Health Vomit & Fecal Event Clean-up

5. Variance(s) Requested [3-401.11\(D\)\(4\)](#), [3-404.11](#), [3-502.11](#), [3-502.12](#), [8-103.10\(A,B,C\)](#), [8-103.11](#), [8-201](#), [8-302.14\(A\)\(4\)](#)
 Not Applicable Special Process Construction/Equipment Operational Attach Variance(s)

6. Menu or List of Foods to be Served [8-302.14\(A\)\(2\)](#) Attach Menu(s)

7. Consumer Advisory [3-603](#) Not Applicable Applicable

Policies will be verified at the time of pre-operational inspection for compliance.

8. Cooking processes No Cooking Step (deli meats, ice cream etc.) Cook, Cool, and Reheat Cook and Serve

9. Water Supply [5-101.11](#), [8-302.14\(A\)\(5\)](#) Public Provider: _____
 Well Permit Number _____

10. Sewage Disposal [5-403.11](#), [8-302.14\(A\)\(6\)](#) Septic/Onsite Public Provider: _____

Septic/Onsite # of Employees/Shift _____ # of Seats _____ # of Restrooms (Public & Staff) _____ Max # of Meals Served/Day _____

Type of Service: Full- Service Paper Service (Disposable Only)

3 Compartment Sink: No Yes, list number & estimated size: _____

Dish Machine: No Yes, list Manufacturer & Model: _____

Dipper Well(s): No Yes, list Gallons Per Minute: _____

Ice Machine: No Yes

Is this building being used for a different type of business currently? No Yes

Explain: _____

Attach one of the following documents:

[Find a Licensed Septic Contractor](#)

Permit to Construct (D-1781)

Attach Septic Documentation

Final Inspection from DHEC (Certificate of Final Approval?)

As-built sketch prepared by a DHEC Licensed Onsite Wastewater (Septic) System Contractor

11. Refuse Collection [5-501](#), [5-502](#) Refuse (Garbage/Trash) Contractor: _____

Grease Disposal Contractor: _____

12. Grease Trap(s) or Grease Interceptor(s) [5-402.12](#)

Not Required Installed Location _____ Size: _____

13. Equipment, Mechanical Warewashing, Manual Warewashing [4-101](#), [4-202](#), [4-204.113](#), [4-204.117](#), [4-204.119](#), [4-205](#), [4-301.11](#), [4-301.12](#), [4-301.13](#), [4-302.13](#), [4-501](#), [4-603.12](#), [4-603.15](#), [4-603.16](#), [8-302.14\(A\)\(9\)](#)

NSF/ANSI Certified Equipment, including refrigeration, must meet ANSI/NSF, BISSC (or other accredited ANSI commercial food equipment certification).

Equipment will be evaluated at the time of the pre-operational inspection for compliance.

See the [Retail Food Establishment Planning Guide](#) for more information on approved equipment.

14. Backflow Prevention Devices [5-202.13](#), [5-202.14](#), [5-203.14](#), [5-203.15](#), [5-204.12](#)

All equipment that is attached to the water supply must have an approved ASSE Certified backflow device.

- Not Applicable ASSE Certified

Backflow will be evaluated at the time of the pre-operational inspection for compliance.

15. Fee Calculation

- A. 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. 8-302.13(A)
 B. Request a preoperational inspection, or to obtain additional information, contact your local DHEC office by visiting <https://scdhec.gov/food-safety/retail-food-establishment-inquiries>.
 C. **Is your retail food establishment exempt from fees as per 8-304.11(A)(3)(c)?** Yes No Attach Documentation

D. **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). Within fifteen (15) calendar days of a change of ownership (8-303.20(A)(1)(a)), the applicant shall submit a completed application for permit.**

Sales	Fees
\$0 - \$250,000	\$100.00
\$250,000 - \$500,000	\$150.00
\$500,000 - \$750,000	\$200.00
\$750,000 - \$1,000,000	\$250.00
\$1,000,000 - \$1,250,000	\$300.00
\$1,250,000 - \$1,500,000	\$350.00
\$1,500,000 - \$1,750,000	\$400.00
\$1,750,000 and above	\$450.00

- E. The applicant must pay the application fee of one-hundred dollars (\$100) plus the applicable annual inspection fee, for the anticipated annual gross sales of food and food products, at the time the completed application has been submitted. ([8-302.13\(D\)](#), [8-304.11\(A\)\(3\)](#))
 F. Applicant must request the preoperational inspection fourteen (14) days prior to an inspection to issue a permit. ([8-203.10](#))
 G. Applicant must operate as a retail food establishment (serve or sell food) for no less than fifteen (15) consecutive days annually or be in operation for at least one (1) day a week for less than fifteen (15) weeks annually. ([8-304.11\(A\)\(5\)](#))

Please select your payment method for processing: Debit/Credit Card Check

Example: \$100 (Application Fee) + \$100.00 (Annual Inspection Fee) + \$1 (Debit/Credit Card Service Fee) = \$201.00 Total

16. Notes: _____

I understand that changes in food preparation types, additions of equipment, and/or structural changes as outlined in 8-304.11 (B - E) must be approved by the Department prior to implementation and require submission of [Change to Existing Retail Food Establishment Permit \(D-1716\)](#).

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

Print Name

Submittal Date

FOR OFFICE USE ONLY

Date Received: _____ Date Fees Received: _____

Permit issued: _____ Date: _____ Reviewer: _____

Process/Risk Category: 1 2 3 4 Permit #: _____

**SOUTH CAROLINA DEPARTMENT OF
HEALTH AND ENVIRONMENTAL CONTROL**

DHEC FORM 1769
Instructions for Completing

Instructions:

1. Provide the establishment name.
2. Provide the establishment's physical address to include the city and zip code.
3. Provide the establishment's phone number including the area code.
4. Provide the email address to be used by the retail food establishment.
5. List the seven-day hours of operation. If there are days when the facility is not in operation, please print "Closed" for the day. If the facility never closes print "24 hours" beside each day.
6. Provide 24-hour emergency contact information – including name, email address and phone number (including area code).
7. Provide the permit holder/owner names.
8. Provide the billing address if different from the above physical address to include city, state and zip code.
9. Provide an alternate contact number for the permit holder(s)/owner(s) – land line or mobile to include area code.
10. Provide the permit holder(s)/owner(s) email address.
11. Identify whether the facility is new, converted, remodeled or a change of ownership by checking one of the boxes. If the facility is seasonal, provide the start and end date operation.
12. Identify the type of retail establishment by checking all boxes that apply. If needed, attach additional document(s).
13. Attach a copy(ies) of the Certified Food Protection Manager (CFPM) certificate that includes the date, expiration date, course taken and institution. The CFPM is not required for mobile food pushcarts.
14. Attach a copy(ies) of the Food Handlers Certificate for the person(s) in charge.
15. If it applies, attach variance documentation, and check the box(es) for the type of variance.
16. Attach a menu or list of foods to be served.
17. If it applies, attach a copy of the consumer advisory.
18. Check the box for the cooking processes used in the retail food establishment.
19. Provide information on the drinking water supply.
20. Provide information on the sewage disposal system.
 - a. If the food establishment is on a public sewage disposal system, write in the name of the provider.
 - b. If a septic/onsite wastewater system is installed complete the **Septic/Onsite** part of section 10 on the application.
21. Provide refuse contractor information for garbage/trash pickup and if it applies, for grease disposal.
22. Provide grease trap, or grease interceptor information, if installed.
23. Application must be signed by the owner/presiding officer, the name of the owner/presiding officer printed, and the date of submittal provided.

Office Mechanics & Filing: This form is retained under the schedule 11701-Retail Food Establishments.