



**Moore County Health Department  
Environmental Health Section**

PO Box 279, Carthage, NC 28327

Phone (910) 947-6283

Fax (910) 947-5127



## Transitional Permit Application

This application shall be completed and submitted to Moore County Environmental Health (MCEH) to begin the process of acquiring a transitional permit after purchasing an existing facility. **If the purchase has been finalized, you must contact MCEH as soon as possible for a permit to legally operate. An updated menu must accompany this application and applicable fees paid.** For questions, contact MCEH at 910-947-6283

**Applications shall be emailed to [mcappleh@moorecountync.gov](mailto:mcappleh@moorecountync.gov)**

### General Information:

Existing Name of Facility: \_\_\_\_\_

New Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant/New Owner's Name: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
Street City State Zip

Applicant's Email Address: \_\_\_\_\_

Ownership Information (corporation, LLC, Inc, DBA, etc.): \_\_\_\_\_

### Purchase Information:

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

### Facility Information:

New Hours of Operation: \_\_\_\_\_

Is the number of seats being changed? ☐ Yes ☐ No

Is any equipment being changed? ☐ Yes ☐ No

Is any changes to the facility, including remodeling, changes to sinks or gas lines, etc. being conducted? *If yes, you must contact building inspections in your jurisdiction for any applicable permits.*

☐ Yes ☐ No

Please describe the scope of work for the ownership transition: \_\_\_\_\_

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Signature: \_\_\_\_\_  
(Owner/Operator or Designee)

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