

ORDINANCE NO.: 2015-026

*Granting a Franchise to All Star Hot Dogs
for operation of a stationary sidewalk vending cart in the
mid-block pad of the 1100 block of Gervais Street*

BE IT ORDAINED by the Mayor and Council of the City of Columbia, South Carolina, this 21st day of July, 2015, that pursuant to Sec. 11-256, 1998 Code of Ordinances of the City of Columbia, South Carolina, that All Star Hot Dogs, is granted a franchise for the operation of a stationary sidewalk vending cart in the mid-block pad of the 1100 block of Gervais Street for a period of one (1) year from the date of enactment hereof.

Requested by:

Assistant City Manager Palen



Mayor

Approved by:



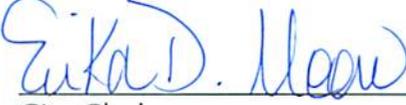
City Manager

Approved as to form:



City Attorney

ATTEST:



City Clerk

Introduced: 5/5/2015

Final Reading: 7/21/2015

ORIGINAL
STAMPED IN RED



We Are Columbia

1339 Main Street, Columbia SC 29201 • Phone: 803-545-3345 • Fax: 803-988-8025

BUSINESS LICENSE DIVISION

DATE: April 16, 2015

TO: Honorable Mayor and City Council Members

FROM: Roger Myers, Business License Administrator/*um*

CC: Brian Cook, Zoning Administrator

RE: **STAFF RECOMMENDATION for
All Star Hot Dogs
MBP, N. Side of 1100 Gervais Street
NEW APPLICANT/NEW LOCATION**

Jack & Lupe McCampbell, the applicants, request permission to establish operation of a hot dog stand at the MBP North side of 1100 Gervais Street. The applicants sell hot dogs, tacos, hamburgers, steamed smoked sausages, chips and soft drinks. This location, with an approved resolution will be approved for items on Lists 'A' and 'C'. A copy of the application is attached.

This location meets the distancing requirements of Section 11-258 regarding sidewalk vending locations.

Staff recommends approval subject to review and approval of evidence of insurance and of compliance with health and fire codes (§11-257).

RM/st



SIDEWALK VENDING



FRANCHISE APPLICATION CITY OF COLUMBIA BUSINESS LICENSE DIVISION

P O Box 147 • 1136 Washington Street, Columbia, SC 29217 • 803-545-3345

PLEASE ATTACH ADDITIONAL INFORMATION IF YOU DO NOT HAVE ENOUGH ROOM!

DATE	MONTH	FEBRUARY	DAY	20	YEAR	2015
REQUESTED VENDING LOCATION	NUMBER	10				
	DESCRIPTION	MBP, N. SIDE OF 1100 GENAIS ST.				
OWNER INFORMATION	NAME	JACK & WIFE McAMPHELL				
	ADDRESS	210 YVONNE Circle, LADSON SC 29456				
	TEL	873 2764053	FAX		E-Mail	Wife.McCampbell@gmail.com
CONTACT INFORMATION <i>If different from above</i>	NAME	N/A				
	ADDRESS	N/A				
	TEL		FAX		E-Mail	
LOCATION OF OFF-STREET STORAGE FACILITY	S. S. ALLIANCE DR GOOSE CREEK SC 29445	DESCRIPTION (Garage, rental storage, etc.)	COASTAL KITCHENS 803 201 4257 COMMERCIAL COMMUNITY KITCHEN OPEN 24/7 STORAGE AREA PREP AREA CART STORAGE			
	METHOD AND ROUTE FOR TRANSPORTING CART TO VENDING LOCATION	CART IS A TRAILER AND CAN BE PULLED BEHIND ANY VEHICLE SAFE AT A TOP SPEED OF 62 MPH WOULD BE TAKING THE I26 ALL THE WAY AT SAY 55 MPH FROM LADSON S.C. TO APPROVED LOCATION				
DESCRIPTION OF VENDING CART <i>-Include how cart is powered/food cooked</i>	YOU ALSO MUST SUBMIT A PHOTOGRAPH AND/OR DRAWING OF VENDING CART! HOT DOG CART POWERED BY PROPANE. FOOD IS COOKED IN STEAM PAN LARGE ON BOARD INSULATED COOLER FOR HOT DOGS & SODAS CART HAS NAPKIN DISPENSER, SINK W/ HOT & COLD WATER					
DESCRIPTION OF FOOD, BEVERAGES, AND MERCHANDISE BEING SOLD	HOT DOGS STEAMED SMOKED SAUSAGE CHIPS SODAS TACOS HAMBURGERS ETC CART FULLY STOCKED WITH NAPKINS AND ALL CONDIMENTS CHILI CHEESE KETCHUP MUSTARD MAYO RELISH SOUR CREAM ONIONS					
DESCRIPTION OF OUTSIDE OWNERSHIP INTERESTS <i>If any, e.g. Partners or Stockholders</i>	N/A					
ADDITIONAL INFORMATION <i>e.g. to demonstrate financial ability to perform conditions of franchise</i>	LONG HISTORY AND EXPERIENCE IN THE FOOD INDUSTRY & COMMERCIAL KITCHENS. WORKED AS A COOK AT MCDONALDS AND OPERATED A TACO STAND IN CALIFORNIA FOR 5 YEARS.					
I, as a business owner or authorized owner representative, confirm to the best of my knowledge that the information contained on this application is accurate.						
SIGNATURE: Jack McCampbell		RELATIONSHIP TO OWNER: OWNER				
FOR STAFF USE	INVOICES		AUTHORIZED BY			

VENDORS AT FESTIVALS OR PUBLIC EVENTS ARE NOT REQUIRED TO OBTAIN A VENDING FRANCHISE, BUT MAY STILL REQUIRE A BUSINESS LICENSE.

PLEASE CONTACT THE BUSINESS LICENSE DIVISION AT 803.545.3345 FOR MORE INFORMATION.

DISTANCING REQUIREMENTS FOR SIDEWALK VENDING FRANCHISES

Note: this information is not comprehensive; please consult the Business License Ordinance Chapter 11-251 through 11-262 for more information

- Your cart must meet MINIMUM distancing requirements in order to be approved. Your cart must be greater than:
 - 50 feet from principal public entrance to a food service business not owned by vendor;
 - 10 feet from an entrance to any building;
 - 50 feet from driveway to Police or Fire Station;
 - 25 feet from any other driveway;
 - 25 feet from any bus stop sign.
- Your cart must not obstruct sight clearance at intersections.
- Your cart must not obstruct pedestrian traffic. Must provide 4 feet clear passageway for pedestrians at all times!

Layout for Proposed Project

Show proposed cart location.
Include existing structures, sidewalk, and curb
Please include dimensions!!

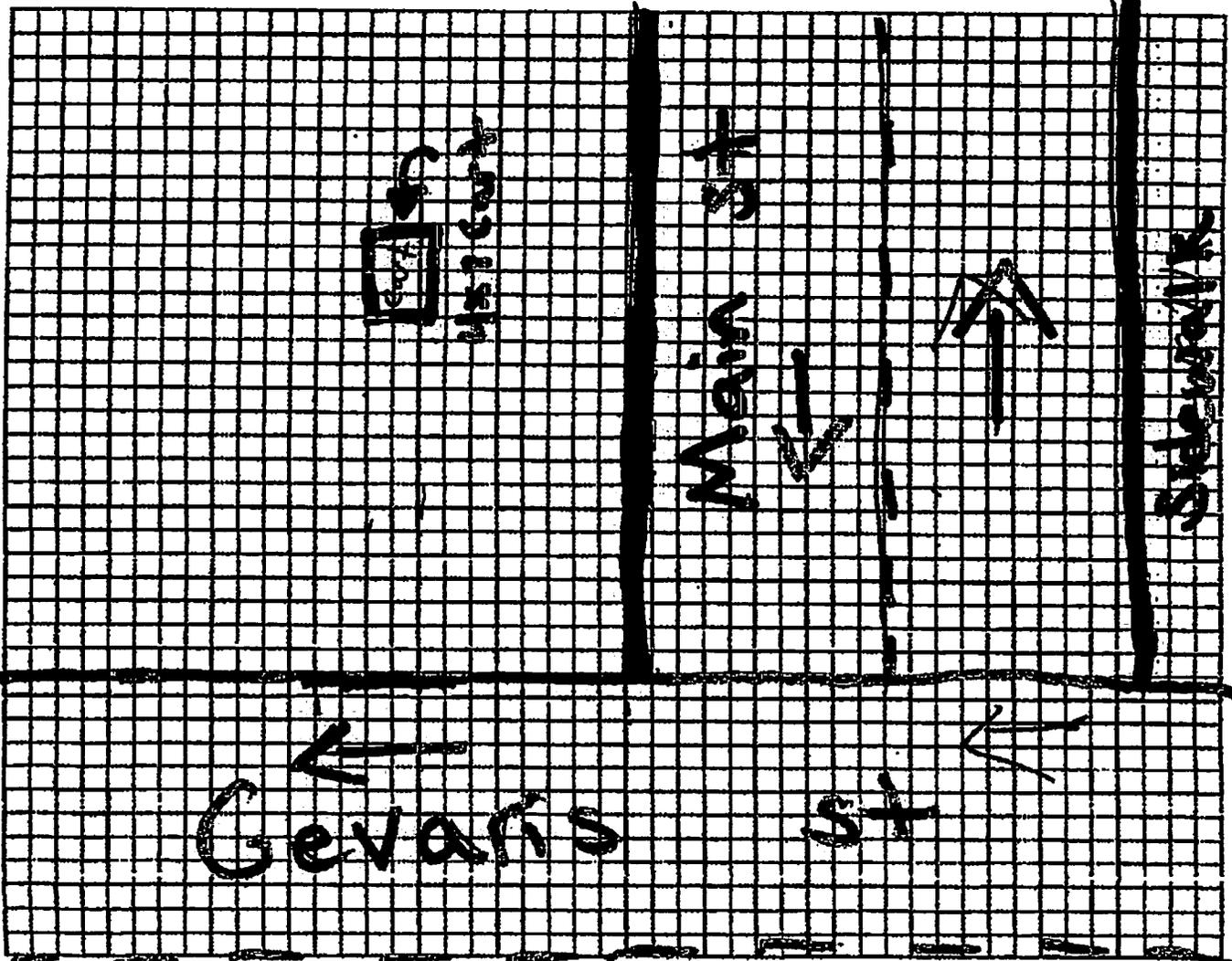
Each square represents 2 feet.



PLACE NORTH
ARROW HERE

ADDRESS _____

DATE: 4/14/15



Myers, Roger

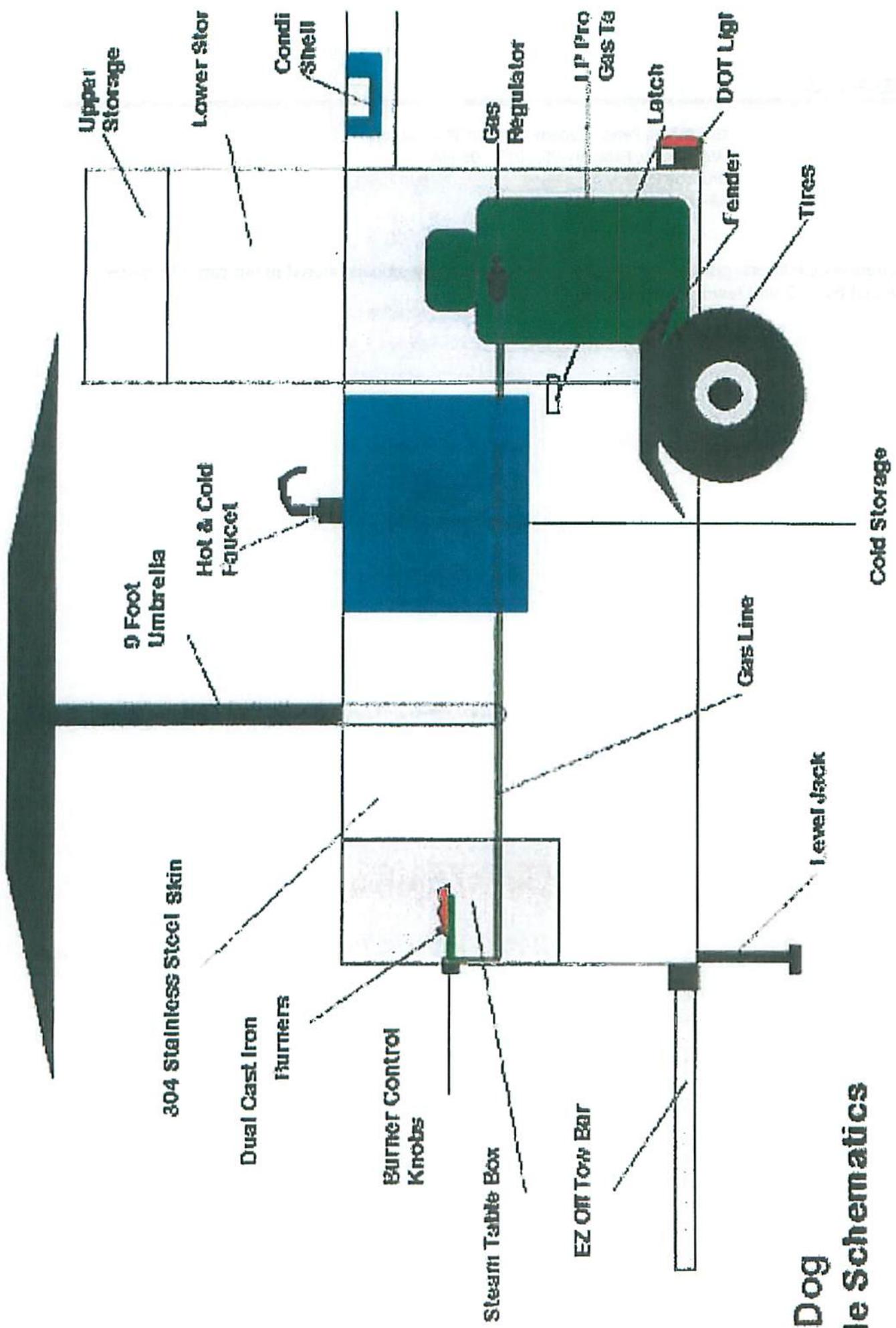
From: Guadalupe Perez <lupemccampbell@gmail.com>
Sent: Wednesday, April 15, 2015 2:25 PM
To: Myers, Roger
Subject: All star hot dogs route

We tow our cart on our 2001 Pontiac Montana from our commissary at 5F south alliance in Goose Creek to the mid block pad on the north side of 1100 Gervais st and back daily. The route we take is: exit commissary turn right onto crowfield blvd, make a left onto college park merge onto 26 west take 115 toward cayce/Gaston merge onto US-21 N/US-321 N/US-176 N Cayce/Columbia turn left onto huger st, turn right onto Gervais st and arrive at 1100 Gervais st.

Brunson III, Goliath

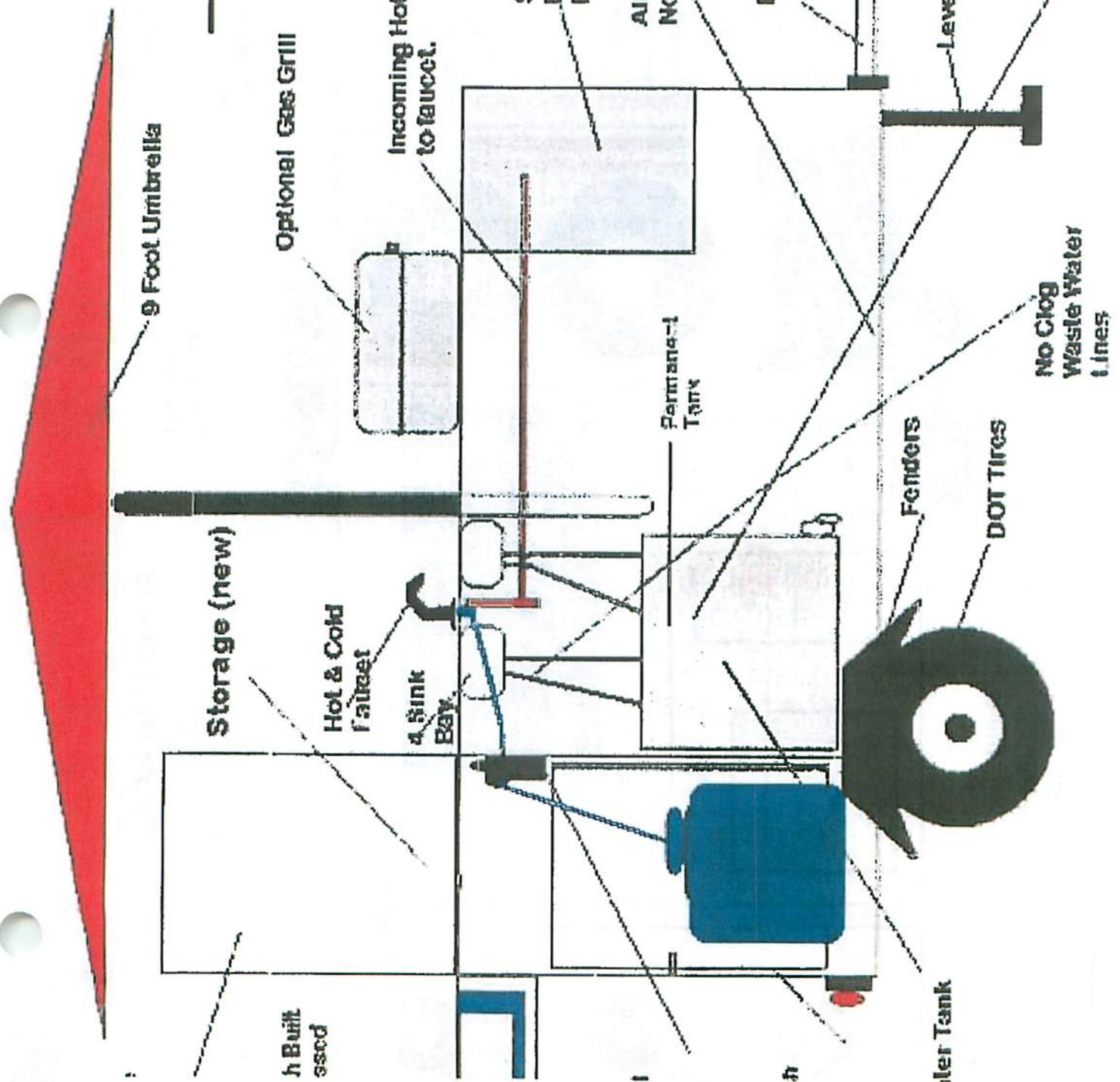
From: Guadalupe Perez <lupemccampbell@gmail.com>
Sent: Wednesday, February 25, 2015 1:06 PM
To: Brunson III, Goliath
Subject: All-star dogs cart info

Our triple commercial burners, grill, and water heater and powered by propane stored in our cart. Our water pump is powered by a 12 volt lawnmower battery



Dog le Schematics

The Big Dog Left Side Schemat



9 Foot Umbrella

Storage (new)

Hot & Cold
Faucet

4 Sink
Bay

Incoming Hot W
to faucet.

Optional Gas Grill

Steam /
Burners
Box

All Steel Welded Frame
NOT Bolt Together

EZ-Off Tow Bar

Leveling Jack

100% Back Flow Proof Water Drain
System

No Clog
Waste Water
Lines

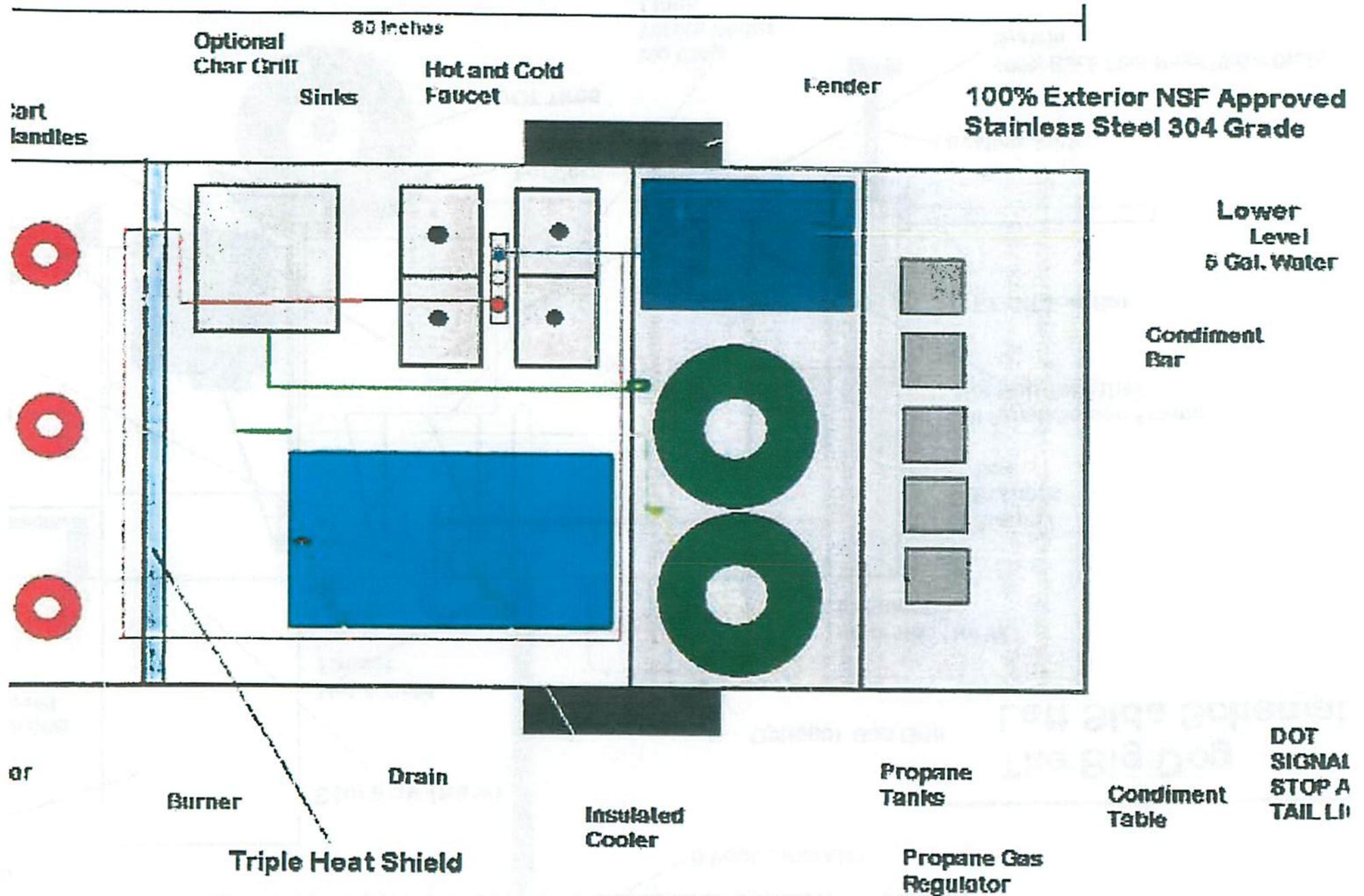
Fenders

DOT Tires

Water Tank

h Built
ssed

The Big Dog Top View Schematics



CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INTERESTED PARTY TYPE: Additional Insured
Description of Operation:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
CITY OF COLUMBIA SOUTH CAROLINA 1225 LADY ST COLUMBIA, SC 29201-3347	JACK MCCAMPBELL 210 YVONNE CIR LADSON, SC 29456-3558
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE AND LIMITS

Policy Number: 648266118	Effective Date: 04-01-2015	Expiration Date: 04-01-2016
COVERAGE SUMMARY		
GENERAL LIABILITY	AMOUNT	
GENERAL AGGREGATE LIMIT (Other than Products Completed Operations)	\$ 2,000,000	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000	
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 1,000,000	
EACH OCCURRENCE LIMIT	\$ 1,000,000	
PHYSICAL DAMAGE LIMIT	\$ 100,000 ANY ONE LOSS	
MEDICAL EXPENSE LIMIT	\$ 5,000 ANY ONE PERSON	
PROPERTY INSURANCE		
POLICY TYPE	Amount	
<input type="checkbox"/> BUILDING	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Actual Cash Value
<input type="checkbox"/> CONTENTS	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Actual Cash Value
<input type="checkbox"/> Basic Form	Wind Deductible	
<input type="checkbox"/> Broad Form	Exclude Wind <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Special Form	%	
ADDITIONAL COVERAGES		
MORTGAGE CLAUSE - The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
CERTIFICATE PERIOD		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE: 04-01-2015	<input checked="" type="checkbox"/> 12:01 AM	<input type="checkbox"/> 12:00 NOON
Standard Time at the location of the insured premises.		
PROVISIONS		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 0 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.		
MCKELVEIN INSURANCE		03-03-15
Authorized Representative		Date

CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INTERESTED PARTY TYPE: Additional Insured

Description of Operation:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
CITY OF COLUMBIA SOUTH CAROLINA 1225 LADY ST COLUMBIA, SC 29201-3347	JACK MCCAMPBELL 210 YVONNE CIR LADSON, SC 29456-3558
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE AND LIMITS

Policy Number: 648266118	Effective Date: 04-01-2015	Expiration Date: 04-01-2016
COVERAGE SUMMARY		
GENERAL LIABILITY	AMOUNT	
GENERAL AGGREGATE LIMIT (Other than Products Completed Operations)	\$ 2,000,000	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000	
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 1,000,000	
EACH OCCURRENCE LIMIT	\$ 1,000,000	
PHYSICAL DAMAGE LIMIT	\$ 100,000 ANY ONE LOSS	
MEDICAL EXPENSE LIMIT	\$ 5,000 ANY ONE PERSON	
PROPERTY INSURANCE		
POLICY TYPE		Amount
<input type="checkbox"/> BUILDING	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Deductible
<input type="checkbox"/> CONTENTS	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Deductible
<input type="checkbox"/> Basic Form		Wind Deductible %
<input type="checkbox"/> Broad Form		Exclude Wind <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Special Form		
ADDITIONAL COVERAGES:		
MORTGAGE CLAUSE - The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
CERTIFICATE PERIOD		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE: 04-01-2015	<input checked="" type="checkbox"/> 12:01 AM	<input type="checkbox"/> 12:00 NOON
Standard Time at the location of the insured premises.		
PROVISIONS		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 0 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.		
MCELAVERN INSURANCE		03-03-15
Authorized Representative		Date

CUSTOMER NUMBER: 816631

RUN DATE: 02-06-15

MCELVEEN INSURANCE
117 FARMINGTON ROAD
SUMMERVILLE, SC 29483

COASTAL KITCHENS
5 F SOUTH ALLIANCE RD
GOOSE CREEK, SC 29445

Commercial Policy Binder Document

Policy number: 648266118
Applicant: JACK MCCAMPBELL
Mailing Address: 210 YVONNE CIR
LADSON SC 29456-3558

Property Coverages

Limits of Insurance

Building Coverages

Total Limit for All Buildings
Number of Locations

Contents Coverages

Total Limit for All Contents
Number of Locations

Liability Coverages

Business Liability

Per Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000

Inland Marine – See dec for details regarding coverages and limits. *

Crime – See dec for details regarding coverages and limits. *

* Coverage is only applicable if box is checked.

Effective Date and Time: April 01, 2015
12:01 a.m. Standard Time
Annual Premium: \$ 350.00
Total Premium Received: \$ 70.00

Bound Application – The insurance applied for is bound on the effective date and time stated, but subject to the following:

Conditions Respecting Binder - Such insurance as is bound: 1. Is afforded by Allstate in reliance on the statements made by the applicant; 2. Applies only from the effective date and time stated; 3. Is subject to the terms, exclusions and conditions of the designated policy form(s) approved for use with respect to the classification of the applicant; 4. Is limited to a period of 30 days beginning with the effective date hereof and expiring at 12:01 a.m. following the last day of such limited period; provided, however, that Allstate may sooner terminate such insurance by mailing to the applicant at the address stated, written rejection of this application/binder, which shall be effective at the earlier of the following times: (a) 12:01 a.m. on the tenth day, or such later date as may be required by law, following the date of such mailing or (b) as of the time the applicant secures other similar insurance; 5. The risk bound hereunder will be charged rates and premiums in accordance with Allstate's manual of rules and rates for such period of time that coverage is afforded by this binder, whether or not the policy is issued.

Agent Name: MCELVEEN INSURANCE
Agent's Telephone #: (843) 851-4242

**DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

The federal Terrorism Risk Insurance Act, as amended (the federal Act) establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

The federal Act defines an "act of terrorism" as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, as amended, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is _____.

Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional premium charge of \$ 1.00. Please ask your agent for more information.

Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies, other than for losses to covered property caused by fire resulting from such "acts of terrorism." The portion of the annual premium that is attributable to coverage for losses to covered property caused by fire resulting from "acts of terrorism" to which the federal Program applies is _____.
If you would like the insurance to include additional coverage for losses caused by "acts of terrorism" to which the federal Program applies, you may purchase that additional coverage for an additional annual premium charge of the _____.
Coverage is subject to policy terms, conditions, limitations and exclusions.
Please ask your agent for more information.

Date: 02-06-15
Applicant/Insured Name: JACK MCCAMPBELL
Mailing Address: 210 YVONNE CIR
City/State/Zip: LADSON, SC 29456-3558
Application/Control Number: 1391125-01
Effective Date: 04-01-2015
Agent Name: MCELVEEN INSURANCE

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for Insurance is guilty of a crime and may be subject to fines and confinement in prison.



Retail Food Establishment Inspection Report
 Bureau of Environmental Health Services
 Division of Food Protection & Rabies Prevent

Score: 100 Rating: A

Establishment Name: Allstar

Inspection Date: 2/11/14 Start Time: : End Time: :

Address: 55 Alliance
 City: GC

Type of Inspection: (Permit)
 County: Sevier

Permit #: 50-24-7490
 Zip: 29945

Category: 1 (2) 3 4 Follow up: Within days

[IN] [OUT] [COR]				Foodborne Illness Risk Factors & Interventions				[IN] [OUT] [COR]				Good Retail Practices				
Supervision								Safe Food & Water								
1	IN	2		PIC Present, Demonstration, Certification, Performance	28	IN	1	0	NA	Pasteurized eggs used where required						
Employee Health								Food Temperature Control								
2	IN	2		Management; employee knowledge; responsibilities & reporting	29	IN	2	1		Water and ice from approved source						
3	IN	2		Proper use of reporting, restriction, and exclusion	30	IN	1		NA	Variance obtained for specialized processing methods						
Employee Good Hygienic Practices								Food Identification								
4	IN	2	1	Proper eating, tasting, drinking or tobacco use	31	IN	1	0		Proper cooling methods used; adequate equipment for temperature control						
5	IN	2		No discharge from eyes, nose, or mouth	32	IN	1	0	NA	Plant food properly cooked for hot holding						
Preventing Contamination by Hands								Prevention of Food Contamination								
6	IN	4	2	Hands clean & properly washed	33	IN	1	0	NA	Approved thawing methods used						
7	IN	3	2	No bare hand contact with RTE foods	34	IN	1	0		Thermometers provided and accurate						
8	IN	2	1	Handwashing sinks supplied & accessible	Food Identification								Prevention of Food Contamination			
Approved Source								Proper Use of Utensils								
9	IN	2	1	Food obtained from approved source	35	IN	1	0		Food properly labeled: original container						
10	IN	2	1	Food received at proper temperature	36	IN	2			Insects & rodents not present; no unauthorized animals						
11	IN	2	1	Food in good condition, safe, and undeteriorated	37	IN	2	1		Contamination prevented during food preparation, storage & display						
12	IN	2	NA	Required records available: shell stock tags, parasite destruction	38	IN	2	1		Personal cleanliness						
Protection from Contamination								Uterils & Equipment								
13	IN	3	2	Food separated & protected	39	IN	1	0		Wiping cloths: properly used and stored						
14	IN	3	2	Food-contact surfaces: cleaned & sanitized	40	IN	1	0		Washing fruits and vegetables						
15	IN	2	1	Proper disposition of returned, previously served, reconditioned, and unsafe food	41	IN	1	0		In-use utensils: properly stored						
Time/Temperature Control for Safety (TCS Food)								Physical Facilities								
16	IN	3	2	Proper cooking time and temperature	42	IN	1	0		Utensils, equipment and linens: properly stored, dried and handled						
17	IN	3	2	Proper reheating procedures for hot holding	43	IN	1	0		Single-use and single-service articles: properly stored and used						
18	IN	3	2	Proper cooling time and temperatures	44	IN	1	0		Gloves used properly						
19	IN	3	2	Proper hot holding temperature	Uterils & Equipment								Physical Facilities			
20	IN	3	2	Proper cold holding temperature	45	IN	2	1		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used						
21	IN	3	2	Proper date marking and disposition	46	IN	1	0		Warewashing facilities: installed, maintained & used; test strips						
22	IN	2	1	Time as a Public Health Control: procedures & records	47	IN	1	0		Non-food contact surfaces clean						
Consumer Advisory								Chapter 8 & 9 Violations								
23	IN	1	NA	Consumer advisory provided for raw or undercooked foods	48	IN	2	1		Hot and cold water available; adequate pressure						
Highly Susceptible Populations								Chapter 8: Compliance & Enforcement								
24	IN	2	1	Pasteurized foods used; prohibited foods not offered	49	IN	2	1		Plumbing installed; proper backflow devices						
Chemical								Chapter 9: Standards for Additional Operations								
25	IN	2	1	Food additives: approved and properly used	50	IN	2	1		Sewage and waste water properly disposed						
26	IN	2	1	Toxic substances properly identified stored and used	51	IN	1	0		Toilet facilities: properly constructed, supplied & cleaned						
Conformance with Approved Procedures								Chapter 8: Compliance & Enforcement								
27	IN	2	NA	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	52	IN	1	0		Garbage & refuse properly disposed; facilities maintained						
								Chapter 9: Standards for Additional Operations								
								55 (IN) 1 0 0 Chapter 8: Compliance & Enforcement								
								56 (IN) 1 0 0 Chapter 9: Standards for Additional Operations								

PIC Name: Christalynne K. Campbell DHEC Inspector Name: Bucky Allen Phone #: 353-0150
 PIC Signature: [Signature] DHEC Inspector Signature: [Signature]



for State-of-the-Art Food Handler Training & Testing

grants a

Certificate of Completion
to
GUADALUPE PEREZ

In recognition for completing the
Basic Food Handler's Course
SOUTH CAROLINA Version

Certificate ID: 2015-1458882 Issued: 02/09/2015 Expires: 2/9/2016

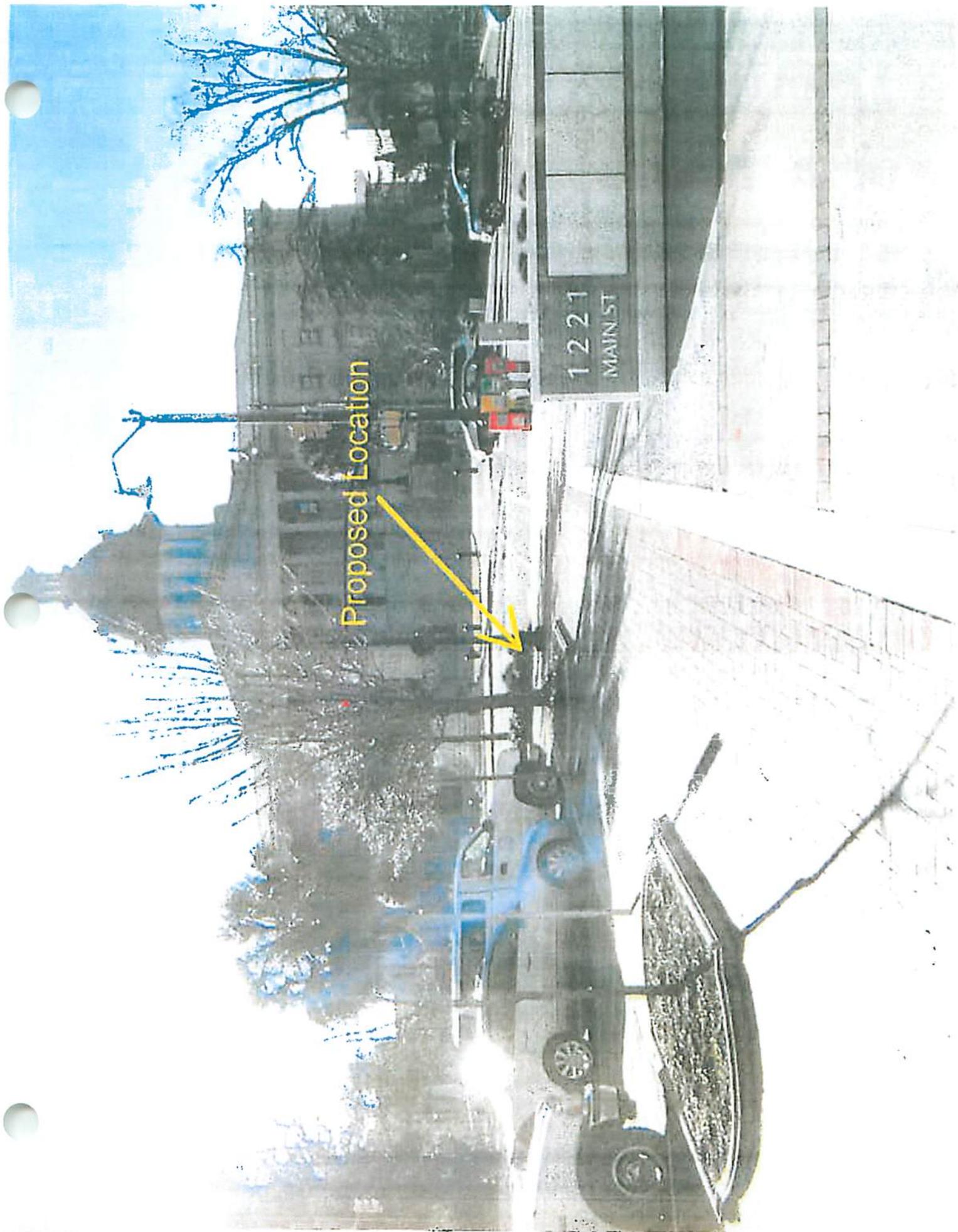
Official Issuer: *[Signature]*



Proposed Location

West of Location





Proposed Location

1221
MAIN ST