

**Fixed Food Establishment**

**Plan Review Application**

|  |
| --- |
| Meets the Food Law requirement for a transmittal letter to be submitted with the plans. |

Establishment Name: Click or tap here to enter text.

Address, City, Zip: Click or tap here to enter text.

Establishment Phone: Click or tap here to enter text.

Location Information: Between Road 1 & Road 2

Prior Establishment Name: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Owner**Name: Click or tap here to enter text.Address: Click or tap here to enter text.City, State: Click or tap here to enter text.Zip: XXXXX Phone #: XXX-XXX-XXXXEmail: Click or tap here to enter text. | **Food Service Equipment Supply Co.**Name: Click or tap here to enter text.Address: Click or tap here to enter text.City, State: Click or tap here to enter text.Zip: XXXXX Phone #: XXX-XXX-XXXXEmail: Click or tap here to enter text. |
| **Architect**Name: Click or tap here to enter text.Address: Click or tap here to enter text.City, State: Click or tap here to enter text.Zip: XXXXX Phone #: XXX-XXX-XXXXEmail: Click or tap here to enter text. | **General Contractor** Name: Click or tap here to enter text.Address: Click or tap here to enter text.City, State: Click or tap here to enter text.Zip: XXXXX Phone #: XXX-XXX-XXXXEmail: Click or tap here to enter text. |

**\*Please complete each line of the above sections to enable timely correspondence.**

Which of the above will serve as the primary contact: Click or tap here to enter text.

Which of the above should all correspondence be mailed to: Click or tap here to enter text.

Proposed start date of construction: Building MM/DD/YYYY Food preparation/storage areas MM/DD/YYYY

(e.g. Kitchen)

Proposed opening date: MM/DD/YYYY

For reviewing agency use only:

|  |  |
| --- | --- |
| Fee: $ 00.00 | Check #: Click or tap here to enter text.  |
| Date: MM/DD/YYYY | Receipt #: Click or tap here to enter text. |
| Plan Review #: Click or tap here to enter text. | Assigned to: Click or tap here to enter text. |

Remarks: Click or tap here to enter text.

**General Information**

**Hours of Operation:** Click or tap here to enter text.

**Seating Capacity (include bar & outdoor):** Click or tap here to enter text.

**Facility Size (square feet):** Click or tap here to enter text.

**Minimum staff per shift:** Click or tap here to enter text.

**Maximum staff per shift:** Click or tap here to enter text.

**These plans are for a (mark one):** [ ]  New Establishment [ ]  Remodeling [ ]  Conversion [ ]  Partial

**What describes the establishment better (mark one):** [ ]  On-site Food Preparation [ ]  Serving Site

**Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.):**  [ ]  Yes [ ]  No

**If yes, explain:** Click or tap here to enter text.

**Type of Operation/Food Service (mark all that apply)**

|  |  |  |
| --- | --- | --- |
| [ ]  Sit down meals | [ ]  Cafeteria | [ ]  Church |
| [ ]  Full service with bar | [ ]  Catering | [ ]  Takeout menu |
| [ ]  Bar with food prep. | [ ]  School | [ ]  Commissary |
| [ ]  Bar with no food prep. | [ ]  Produce | [ ]  Counter service |
| [ ]  Grocery store | [ ]  Produce processing | [ ]  Buffet or salad bar |
| [ ]  Fresh meat | [ ]  Hospital | [ ]  Wholesale foods |
| [ ]  Seafood/fish | [ ]  Smoked fish | [ ]  Tableside/display cooking |
| [ ]  Deli | [ ]  Bakery | [ ]  Ice production/packaging |
| [ ]  Fast food | [ ]  Brewery | [ ]  Hotel |
| [ ]  Self-service bulk items | [ ]  Water bottling | [ ]  Kiosk  |
| [ ]  Tasting room | [ ]  Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.) |
| [ ]  Repackaging (e.g. nuts)

|  |
| --- |
| List food(s): Click or tap here to enter text. |

 | [ ]  Processor (e.g. cured meats, juice, sushi,  slaughter, etc.)

|  |
| --- |
| List food(s): Click or tap here to enter text. |

 |  |

|  |
| --- |
| **Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation:** |
| Click or tap here to enter text. |

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: Digital Signature

Date: MM/DD/YYYY

Please print name and title here: Click or tap here to enter text.