



# Fixed Food Establishment Plan Review Application

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

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_

Prior Establishment Name: \_\_\_\_\_

<b>Owner</b>	<b>Food Service Equipment Supply Co.</b>
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____
<b>Architect</b>	<b>General Contractor</b>
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____

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

Which of the above will serve as the primary contact: \_\_\_\_\_

Which of the above should all correspondence be mailed to: \_\_\_\_\_

Proposed start date of construction: Building \_\_\_\_\_ Food preparation/storage areas \_\_\_\_\_  
(e.g. Kitchen)

Proposed opening date: \_\_\_\_\_

For reviewing agency use only:

Fee \$: _____	Check #: _____
Date: _____	Receipt#: _____
Plan Review #: _____	Assigned to: _____

Remarks: \_\_\_\_\_

# General Information

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

Seating Capacity (include bar & outdoor): \_\_\_\_\_ Facility Size (square feet): \_\_\_\_\_

Minimum staff per shift: \_\_\_\_\_ Maximum staff per shift: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Sit down meals          | <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Church                    | <input type="checkbox"/> Bottling alcoholic beverages<br>(e.g. beer, wine, hard cider, etc.) |
| <input type="checkbox"/> Full service with bar   | <input type="checkbox"/> Catering           | <input type="checkbox"/> Takeout menu              | <input type="checkbox"/> Repackage (e.g. nuts)   |
| <input type="checkbox"/> Bar with food prep.     | <input type="checkbox"/> School             | <input type="checkbox"/> Commissary                | <div style="border: 1px solid black; padding: 5px;">List food:</div>                         |
| <input type="checkbox"/> Bar with no food prep.  | <input type="checkbox"/> Produce            | <input type="checkbox"/> Counter service           |  |
| <input type="checkbox"/> Grocery store           | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Buffet or salad bar       | <div style="border: 1px solid black; padding: 5px;">List food:</div>                         |
| <input type="checkbox"/> Fresh meat              | <input type="checkbox"/> Hospital           | <input type="checkbox"/> Wholesale foods           |  |
| <input type="checkbox"/> Seafood/fish            | <input type="checkbox"/> Smoked fish        | <input type="checkbox"/> Tableside/display cooking |  |
| <input type="checkbox"/> Deli                    | <input type="checkbox"/> Bakery             | <input type="checkbox"/> Ice production/packaging  |  |
| <input type="checkbox"/> Fast food               | <input type="checkbox"/> Brewery            | <input type="checkbox"/> Hotel                     |  |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling     | <input type="checkbox"/> Kiosk                     |  |
| <input type="checkbox"/> Tasting room            |   |  |  |

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of owner or representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title here: \_\_\_\_\_