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 & street
Prior Establishment Name: 

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<tr>
<th>Owner</th>
<th>Food Service Equipment Supply Co.</th>
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<tr>
<th>Architect</th>
<th>General Contractor</th>
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Which of the above will serve as the primary contact? 
Which of the above should all correspondence be mailed to? 

Proposed construction start date: 
Proposed opening date: 

For reviewing agency use only:
Fee $: 
Check #: 
Date: 
Receipt #: 
Plan Review #: 
Assigned to: 
Remarks:

www.michigan.gov/mdard, keyword: Food Plan Review - Industry

December 2013
General Information

Hours of Operation: ________________________________

Seating Capacity (include bar): __________ Facility Size (square feet): ________________

Minimum staff per shift: ________________ Maximum staff per shift: ________________

These plans are for a: ___ New establishment ___ Remodeling ___ Conversion

What describes the establishment better? ___ On-site 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 (check all that apply)

A. Restaurant Related
___ Sit down meals ___ Counter
___ Cafeteria ___ Fast food ___ Bar with food prep
___ Commissary ___ Church ___ Takeout menu
___ Buffet or salad bar ___ Tableside / display cooking ___ Catering
___ Tableside / display cooking ___ Hospital ___ Bottling alcoholic beverages

B. Grocery Related
___ Grocery store ___ Produce processing ___ Wholesale foods
___ Fresh Meat ___ Smoked fish ___ Repackage / processor of:
___ Seafood / fish ___ Bakery ___ ________________
___ Deli ___ Commissary ___ Water bottling
___ Ice production / packaging ___ Self-service bulk items ___ Bottling alcoholic beverages
___ Produce ___ Self-service baked goods ___ ___ ___

Please summarize the proposed project.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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 ____________________________