



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: _____

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

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

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

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Commissary | <input type="checkbox"/> Buffet or salad bar |
| <input type="checkbox"/> Counter | <input type="checkbox"/> Church | <input type="checkbox"/> Tableside / display cooking |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Takeout menu | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Catering | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep | | |

B. Grocery Related

- | | | |
|---|---|---|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Repackage / processor of: |
| <input type="checkbox"/> Seafood / fish | <input type="checkbox"/> Bakery | _____ |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Commissary | <input type="checkbox"/> Water bottling |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Produce | <input type="checkbox"/> 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 _____