



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: _____

Owner	Food Service Equipment Supply Co.
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____
Architect	General Contractor
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
(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"/> Processor (e.g. cured meats,
juice, sushi, slaughter, etc.) |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Bakery | <input type="checkbox"/> Ice production/packaging | <div style="border: 1px solid black; padding: 5px;">List food:</div> |
| <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: _____