REV 08/2025

Mid-Michigan District HEALTH DEPARTMENT
CLINTON • GRATIOT • MONTCALM

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 Sewage Disposal System (mark one): ☐ Municipal ☐ Existing System ☐ New System

Type of Water Supply (mark one): ☐ Municipal ☐ Existing Well ☐ New Well

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

☐ Sit down meals
☐ Full service with bar
☐ Bar with food prep.
☐ Bar with no food prep.
☐ Grocery store
☐ Fresh meat
☐ Seafood/fish
☐ Deli
☐ Fast food
☐ Self-service bulk items
☐ Tasting room

☐ Cafeteria
☐ Catering
☐ School
☐ Produce
☐ Produce processing
☐ Hospital
☐ Smoked fish
☐ Bakery
☐ Brewery
☐ Water bottling

☐ Church
☐ Takeout menu
☐ Commissary
☐ Counter service
☐ Buffet or salad bar
☐ Wholesale foods
☐ Tableside/display cooking
☐ Ice production/packaging
☐ Hotel
☐ Kiosk

☐ Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.)

☐ Repackage (e.g. nuts)

List food:

☐ Processor (e.g. cured meats, juice, sushi, slaughter, etc.)

List food:

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: _____