



**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION
FORM C**

Establishment Name: _____

Establishment Street Address: _____

City and Zip Code: _____

Prior Establishment Name (if applicable): _____

Property ID # from Tax Bill: _____

Owner Information:

Name: _____ Phone #: _____

Address: _____

City & Zip Code: _____

Fax #: _____ E-mail: _____

Architect or General Contractor (Circle Appropriate Response):

Name: _____ Phone #: _____

Address: _____

City & Zip Code: _____

Fax #: _____ E-mail: _____

Which of the above should correspondence be mailed to? _____

Proposed Construction Start Date: _____ Proposed Opening Date: _____

SIGNATURE: _____ **DATE:** _____

For Health Department Use Only:

Fee: _____ Receipt #: _____ Computer ID #: _____

(over)

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 (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"/> Take out 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 | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Special transitory food unit |

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 _____