



**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 \_\_\_\_\_