

Food Establishment Plan Review Application

Meets the Michigan 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: _____

Smoke Free Dining Listing Application

If you maintain a smoke-free environment in your establishment, you can be placed on the list of smoke-free dining establishments by completing and returning the application at the bottom of this page. Kalamazoo County Health & Community Services understand smoke-free to mean that you do not allow smoking in any of the public areas of your establishment or in food or beverage preparation areas. The goal is to help restaurant patrons identify licensed establishments that provide dining environments where patrons are protected from the ill effects of second-hand tobacco smoke.

If you have questions, or wish to offer comments, please call, Vern Johnson, Supervisor, at 373-5356.

Return your application to:

Kalamazoo Co. Health & Community Services Department, Environmental Health Bureau, 3299 Gull Rd., PO Box 42, Nazareth MI, 49074-0042. FAX 373-5333

Application Kalamazoo County Smoke-free Dining Listing

Establishment Name: _____, License No. _____

Establishment Address: _____

Owner/Manager Name: _____

Our Establishment, _____, is Smoke Free, and we want to be listed on the county's "Smoke Free Dining Listing."

Signature: _____, Date: _____