REV 1/2019



## 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 abo	ve sections to enable timely correspondence.
Which of the above will serve as the pri	nary contact:
Which of the above should all correspond	dence be mailed to:
Proposed start date of construction: Bu	lding Food preparation/storage areas
Proposed opening date:	
For reviewing agency use only:	
Fee \$: Date: Plan Review #:	Check #:  Receipt#:  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 (mar	k one): □ New Establish	nment □ Remodeling □ Co	onversion   Partial
What describes the establ	ishment better (mark on	e):   On-site Food Preparation	☐ Serving Site
Will part of the operation k	e outdoors (e.g. bar, din	ning, storage, cooking, etc.):	□ Yes □ No
If yes, explain:			
Type of Operation/Food So  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	ervice (mark all that apple   Cafeteria   School   Produce   Produce processing   Hospital   Smoked fish   Bakery   Water bottling	ly)  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:
☐ Tasting room	- water betting	_ NOOK	2.00
		a description of the construct	tion to take place, a description of
I certify that the plan review	application package subm	nitted is accurate to the best of r	ny knowledge.
Signature of owner or repres	sentative:	Date	ə:
Places print name and title k	oro:		