REV 11/2022



## 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:	FEIN:
Food Establishment Owr	er 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	ve sections to enable timely correspondence.
Which of the above will serve as the prim	ary contact:
Which of the above should all correspond	dence be mailed to:
Proposed start date of construction: Buil	ding Food preparation/storage areas (e.g. Kitchen)
Proposed opening date:	
For reviewing agency use only:	
Fee \$: Date: Plan Review #:	Check #:  Receipt#:
Plan Review #:	Assigned to:
Remarks:	

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 establ	ishment better (mark on	ne): ☐ On-site Food Preparation	n   Serving Site		
Will part of the operation b	oe outdoors (e.g. bar, di	ning, storage, cooking, etc.):	□ Yes □ No		
If yes, explain:					
	☐ Cafeteria ☐ Catering ☐ School ☐ Produce ☐ Produce processing ☐ Hospital ☐ Smoked fish ☐ Bakery ☐ Brewery ☐ Water bottling	<ul> <li>□ Church</li> <li>□ Takeout menu</li> <li>□ Commissary</li> <li>□ Counter service</li> <li>□ Buffet or salad bar</li> <li>□ Wholesale foods</li> <li>□ Tableside/display cooking</li> <li>□ Ice production/packaging</li> <li>□ Hotel</li> <li>□ Kiosk</li> </ul>	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:  tion to take place, a description of l.		
I certify that the plan review	application package subm	nitted is accurate to the best of n	ny knowledge.		
Signature of owner or repres	sentative:	Date	::		
Please print name and title h	nere:				