



FIXED FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Meets Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address: _____ City: _____

State: _____ 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 above sections to enable timely correspondence.**

Which of the above will serve as the primary contact: _____

Which of the above should all correspondence be mailed to: _____

Proposed start date of construction: Building _____ Food preparation/storage areas: _____

Proposed opening date: _____

PAYMENT VALIDATION OCHD USE ONLY:

General Information

Days/Hours of Operation: _____

Seating Capacity (include bar & outdoor): _____

Facility Size (square feet): _____ Minimum AND Maximum staff per shift: _____

These plans are for a (mark one): New Establishment Remodeling Conversion Partial

What describes the establishment (mark one): On-site Food Preparation Serving Site

Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.): Yes No

If yes, explain: _____

Type of Operation/Food Service (mark all that apply):

Note: If operations include only MDARD section activities, please contact OCHD/MDARD before submitting.

OCHD:

- Sit down meals
- Full service with bar
- Bar with drink prep
- Bar with food prep
- Brewery with food
- Tableside cooking
- Takeout menu
- Catering
- Buffet or salad bar
- Mobile commissary
- Commissary kitchen
- Other
- Café and bakery
- Fast food
- Deli
- Church
- School
- Hospital
- Hotel
- Concession stand
- Cafeteria
- Smoothie/Drinks
- Counter service
- Food kiosk

MDARD:

- Retail meat/seafood/fish
- Fish processing
- Water bottling
- Retail bakery
- Grocery store
- Wholesale foods
- Ice production/packaging
- Self-service bulk items
- Tasting room
- Brewery wholesale
- Self-service kiosk
- Processing: (e.g. cured meats, juice, sushi, slaughter, etc.)
- Produce market
- Produce processing
- Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.)
- Repackage only (e.g. nuts)

List food:

Describe:

List food process:

Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation. _____

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: _____