

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.

UCHD:

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

MDARD:

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

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: _____