



Food Service Plan Review Application

Name of Facility: _____
(Corporate and Outlet Name Where Appropriate)

Location of Facility: _____

Name of Owner: _____

Street Address: _____ Town _____

Telephone: _____

Name of Responsible Agent, if other than owner: _____

Person Submitting Plan:

Operator [] Contractor [] Designer [] Supplier []

Other []

(Specify) _____

Mailing Address: _____

Telephone: _____

Basic Facility Information: New [] Remodeled [] Conversion []

Type Service: Provide a description of the basic type of food and beverage service and nature of operation.

Menu Information: Type of products involved, basic delivery information (sources) or attach a copy of the menu:

Employees: Provide information on number and category of workers anticipated:
Total and Per Shift:_____

Projected Service Capacity:

Seating:_____ Number of meals per day:_____

Anticipated
Opening:_____

Signature of
Applicant:_____

Fee \$50.00 Check #_____ Cash _____ Receipt #_____ Date:_____

A floor plan must be submitted with this application. No plan will be accepted without all applicable interior and exterior dimensions indicated in feet and inches. The plan must include all equipment, plumbing fixtures, floor and wall coverings, counter and worktable materials and ceiling type. If the facility is served by a septic system, detailed information on the system must also be provided. All equipment must be NSF Approved or equal.

A Food Service License must be obtained prior to the Establishment opening.

The Final pre-opening inspection should be scheduled a minimum of two days prior to scheduled opening. A license will not be issued unless all requirements of the Public Health Code are met.