

Food Establishment Application

Check One: New Facility Remodel of Existing Facility Change of Ownership

Establishment Name: _____

Establishment Address: _____

Ownership Type: Individual Corporation Owner Operator Legal Owner Partnership

Owner Name: _____ Owner Phone: () _____ - _____

Owner Email: _____

Mailing Address: _____

Contact Person: _____ Contact Phone: () _____ - _____

Contact Email: _____

Certified Food Safety Manager: _____ Certification Date: ____ / ____ / ____

For New Construction and Remodels

Architect/Designer _____

Estimated Date for Construction / Remodel Completion: ____ / ____ / ____

Plans will not be accepted or reviewed unless all items listed below are submitted with application:

- Proposed Menu, listing all foods served
- Completed Risk & Operational Assessments
- Site Plan (Including Dumpster Area)
- Dimensional Floor Plan (scaled drawing)
- Equipment Layout and Schedules
- Mechanical Schedule
- Finish Schedule (Floors, Walls, Ceiling, Coving)
- Plumbing Schedule

Fee Schedule:

Fees are based on risk level. A risk assessment must be completed prior to submitting plans.

	Risk Category			
	1	2	3	4
Plan Review Fee*	\$325.00	\$325.00	\$525.00	\$525.00
Annual Establishment Fee	\$190.00	\$270.00	\$380.00	\$525.00

**The plan review fee includes up to 2 construction inspections/consultations and 1 pre-opening inspection.
 Additional follow-up inspections may generate a fee of \$90.00 each.*

Signature of Applicant: _____ Date: _____

HEALTH DEPARTMENT USE ONLY

Date Plans Received: ____ / ____ / ____

Approval Date: ____ / ____ / ____ Signature: _____

Plan Review Fees Received: \$ _____ Initials: _____

Annual Permit Fees Received: \$ _____ Initials: _____