

Food Establishment Application
For Plan Review

New Owner - **New Construction** - **Conversion** - **Remodel**

ESTABLISHMENT LOCATION INFORMATION

Name of Establishment : _____ Phone # _____

Address of Establishment: _____

TYPE of Food Establishment (Describe): _____

(circle) (circle)
TAKE OUT ONLY: YES / NO - DINE IN: YES / NO - # of Seats _____ Total Sq Footage _____

BUSINESS OWNER INFORMATION

Name of Owner _____

Address of Owner: _____ Home Phone # _____

_____ Cell Phone # _____ Bus # _____

The Following Documentation Must Be Submitted with this Application
(Where Applicable)

- 1.) A clearly labeled floor plan of the (entire) facility depicting the location of:
 - a. All equipment (refrigerators, freezers, shelving units, work tables, stoves, ovens, deep fryers , etc)
 - b. All plumbing fixtures – 3 compartment sink w/ drain boards, hand wash sink(s) , other food prep sink(s) w/ indirect connections, mop sink(s)
 - c. Locations of dining areas , restrooms, employee areas(lockers) , storage & receiving areas – including exterior areas (dumpster and other waste receptacle locations).
- 2.) Finishing Schedule for Materials on floors , walls and ceilings (including lighting)
- 3.) Manufacturer's Specification sheets for equipment
- 4.) A proposed menu and anticipated volume of food to be stored, prepared, sold or served
- 5.) Food Safety Certificate for Managers and/or (Person in Charge)
- 6.) HACCP Plan for Specialized Processing (specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation (EX-Sushi), or any reduced oxygen packaging).

The Linden HD shall review these plans and respond accordingly within 30 days of the date of submission.
NO RETAIL FOOD ESTABLISHMENT SHALL BE CONSTRUCTED, RENOVATED OR CONVERTED EXCEPT
IN ACCORDANCE WITH PLANS AND SPECIFICATIONS PREVIOUSLY SUBMITTED TO AND APPROVED BY
THE APPROPRIATE HEALTH AND CONSTRUCTION AUTHORITIES

SIGNATURE OF APPLICANT

DATE SUBMITTED

