

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____

Name of Food Establishment: _____

Address of Food Establishment: _____

City/State/Zip Code: _____

Person Submitting Plans: _____

Contact Phone Number: _____

Contact Mailing Address: _____

City/State/Zip Code: _____

Type of Food Establishment:

- | | |
|--|---|
| <input type="checkbox"/> Sit down Restaurant | <input type="checkbox"/> Fast Food Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Mobile Food Unit |
| <input type="checkbox"/> Other: _____ | |

Menu: _____

Fee is to be paid at the time the plan review is submitted. It is non-refundable.

<u>EIPH Use Only</u>			
Risk Category:	Medium _____	High _____	
Date Paid: _____	Amount paid: _____	Receipt #: _____	Received by: _____