

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: _____ | |

Please attach and submit the following items with this Plan Review Application:

- ✓ Copy of the proposed menu.
- ✓ Floor Plan or blueprint of the proposed food equipment layout, plumbing, lighting and restrooms.
- ✓ List of equipment with make and model numbers. Please include all new and used equipment that you propose for your establishment. Used equipment must be approved by Eastern Idaho Public Health, prior to purchase, to verify compliance with the requirements of the Idaho Food Code.
- ✓ Completed Plan Review and Approval Form.

Non-Refundable Plan Review Application Fee is to be paid at the time this application is submitted.

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