

NOTICE

As of July 1, 2009

Plan Review Fees (including New and Remodel) will be as follows:

Medium Risk Food Establishments - \$ 85.00

High Risk Food Establishments - \$ 130.00

EIPHD will determine the RISK TYPE

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





FOOD ESTABLISHMENT
PLAN REVIEW APPLICATION

Date: _____

Name of Food Establishment: _____

Address of Food Establishment: _____

City	State	Zip
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Person Submitting Plans: _____

Contact Phone Number: _____

Contact Mailing Address: _____

City	State	Zip
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Type of Food Establishment: _____

(Sit down – Restaurant, Fast Food Restaurant, Convenience Store, Bakery, Meat Market, Supermarket, Deli, Mobile Food Unit.)

Menu: _____

For office only:

High: _____

Medium: _____

Amount paid: _____

Date Paid: _____

Receipt #: _____

Received by: _____