

Food Service-School/Daycare Plan Review Application

Establishment Name: _____

Physical Address: _____

Owner: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

PLEASE READ CAREFULLY

Failure to provide all required items will result in delays to the plan review process. Please verify all items below are complete prior to submittal for a plan review. Plan review information will not be accepted without appropriate fee paid.

Ensure to include:

Floor plan of entire establishment indicating location of all food service equipment, restrooms, etc. attached to scale.

Food equipment schedule form & food equipment specification sheets attached.

Room finish schedule form attached including walk-in coolers, storage, restroom and janitorial areas.

Attached proposed menu.

Attached HACCP plan & variance request if applicable. (Refer to Minnesota Food Code Chapter 4626.1730, 4626.1690)

Plan review fee is enclosed. Make checks payable to City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application.

Have you contacted the Building Safety Department regarding demolition, building, electrical and plumbing permits? Yes _____ No _____

OFFICE USE ONLY

Date: _____ Receipt: _____ Amount Received: _____ Received by: _____

Plan Review Start Date: _____ Plan Review Completed: _____ Sent by: postal mail email

Approved By: _____ Risk: L M H TRAKIT Code: _____

Equipment Schedule Form

<u>Item # (from Plan)</u>	<u>Quantity</u>	<u>Indicate: New, Used or Existing</u>	<u>Equipment</u>	<u>Manufacturer</u>	<u>Model #</u>
Ex. #45	1	New	<i>Range</i>	<i>(NAME)</i>	CM48

Room Finish Schedule

<u>Room #</u>	<u>Room Name</u>	<u>Floor</u>	<u>Base Coving</u>	<u>Walls</u>	<u>Ceiling</u>	<u>Comments</u>
<i>Ex.101</i>	<i>Kitchen</i>	<i>Quarry Tile</i>	<i>Quarry Tile</i>	<i>Fiberglass Reinforced Panels</i>	<i>Vinyl Acoustic Panel</i>	

Full food service (kitchen/commissary)

4 or less full-time equivalent (FTE) employees

requesting 2 inspections each year \$310_____

requesting 1 inspection each year \$191_____

5 or more full-time equivalent (FTE) employees

requesting 2 inspections each year \$536_____

requesting 1 inspection each year \$315_____

Limited food service (sandwich prep, reheating foods, utensil washing)

requesting 2 inspections each year \$239_____

requesting 1 inspection each year \$145_____

Serving site or satellite feeding location (receiving food and serving/plating)

requesting 2 inspections each year \$85_____

requesting 1 inspection each year \$60_____

Additional food services

Catering- transporting and serving food off site \$85 _____

School managed food service (i.e. coffee shop, concession stand) (#)___ x \$85 _____

Not school managed food service (i.e. coffee shop, concession stand) (#)___ x \$110 _____

TOTAL DUE_____

** Exempt: Concession stands serving commercially prepared non-potentially hazardous food

Enclose

- Fee made payable to the City of St. Cloud. Credit card payments are accepted at the City Hall cashier's window or via phone with a signed application.
- All supporting documents (blue prints, equipment specification sheets, menu etc.)

I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.

Signature _____ Date _____

Printed name _____

Relationship of Applicant to facility: Owner Other _____