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**RETAIL FOOD PLAN REVIEW APPLICATION**

**Completion of this form does not constitute authorization to open an establishment.**

**All establishments must be inspected and permitted prior to operation.**

***\*\*\* Incomplete applications can result in delays in processing\*\*\****

***A Plan Review Fee is required for EACH application and is based on square footage.***

|  |  |
| --- | --- |
| **New Construction, Conversion, Or A Change of Owner with Modifications to Menu, Concept, or Equipment Layout** | |
| 0-999 Square Foot | $175.00 |
| 1,000-4,999 Square Foot | $200.00 |
| 5,000-24,999 Square Foot | $400.00 |
| 25,000 plus square feet | $600.00 |
| Change of Ownership- No changes to menu, concept, or equipment layout | $175.00 |
| Major Remodel of existing permitted facility | $175.00 |

Purpose of Application:

🞏 New Construction 🞏 Major Remodel 🞏 Change of Service 🞏 Change of Ownership

|  |  |
| --- | --- |
| **Project Start Date** |  |
| **Project Completion Date: *When do you want to be permitted by?*** |  |

Site Type: (Check all that apply)

|  |  |
| --- | --- |
| **Restaurants/Retail Food Store** | **Health Care/ School/Institution** |
| 🞏 Full Service 🞏 Fast Food 🞏 Commissary    🞏 Bakery/Donut Shop 🞏 Catering Service    🞏 Beverage Service/Bar 🞏 C-Store    🞏 Grocery Store 🞏 OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 School 🞏 Child/Adult Care Center 🞏 Youth Camp  🞏 Nursing Home 🞏 Assisted Living 🞏 Medical Facility  🞏 Athletic Complex 🞏 Resort 🞏 Golf Club 🞏 Hotel  🞏 Institutional Corrections Facility 🞏Church  🞏 OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Property Address Information:

|  |  |  |
| --- | --- | --- |
| **Physical Address:** |  | |
| **Sewage System** | Public: | Name of Water Company: |
| Private: | TCEQ Permit # |
| **Water System:** | Public: | Name of Sewer Company: |
| Private: | D.R. Permit # |
| **Grease Trap:** | Size (gal): | Location: Inside: *Prior approval required* Outside |

**Property Owner Information:**

**This section is intended to capture specific information related to the property owner information. The information provided is used to discuss property detail or lease arrangements during the plan review process.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Mailing address:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| **Fax:** |  |

**Business Information:**

**This section should provide the details for the business owner conducting food service operations within this establishment. “Business Name” should be the name of the food establishment or DBA. The “Business Owner” is the legal name of the business owner filed with the State or County Clerk.**

|  |  |  |
| --- | --- | --- |
| **Business Name (DBA):** |  | **\**NOTE: The information that is entered “billing address” should be the address in which you want all invoices and administrative communication to go to.***  ***\*Ownership paperwork & Tax ID or Non-Profit Documents must be submitted prior to final approval of the permit.*** |
| **Phone number:** |  |
| **Mailing Address:** |  |
| **Website:** |  |
| **Email:** |  |
| **Business Owner Name:** |  |
| **Billing Address:** |  |
| **Ownership Type:** | Individual/Partnership LLC/INC  Non-Profit |
| **Tax Identification:** | Retail Sales Tax Federal EIN  Proof of Non-Profit |

**Applicant Information:**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Affiliation (Contractor, Owner, Manager, ETC):** |  |
| **Telephone Number:** |  |
| **Alternate Telephone Number:** |  |
| **Email:** |  |

**Required Supporting Documentation that must be submitted with the application:**

**Refer to District Order 2023-1 for specific requirements within NET Health’s Jurisdiction or** [**www.MyNETHealth.org**](http://www.MyNETHealth.org) **or other guidance**

**Floor Plans** – a computer drafted professionally drawn to scale diagram or drawing of a room or building drawn as if seen from above. *Please ensure to include Equipment schedules; finish schedules; plumbing and calculations, along with any other information to complete a proper plan review.* Floor Plans must be at minimum 11-inch x 17-inch paper. Floor Plans formatted on paper larger than 11-inch x 17-inch paper must be submitted on an electronic copy. All Floor Plans must be scaled. No hand drawings accepted.

**Detailed Menu** – Your menu must list all types of consumable foods & beverages offered. The more detailed your menu is the better. Please ensure to list any food products that contain any major food allergens, and seasonal items. The menu and the way in which you prepare your food will help the plan reviewer determine what equipment will be required in the facility and help guide your business to ensure success and to ensure the consumer is served a safe honestly presented product.

Food Establishment Operating Details

**Be advised that this section of the application should be filled out by the operator themselves. This helps the plan reviewer gain insight into how your facility will operate so that we can help ensure that your business is successful and compliant with the food code and to ensure public health and safety.**

|  |  |
| --- | --- |
| Is the facility open year-round? | Yes No |
| Days of operation? | 0-3 days per week  4-7 days per week |
| Meals to be served? | Breakfast  Lunch  Dinner |
| Number of staff per shift? | 0-3  4-7  8-10  11-15  16-25  >26 |
| Number of managers on staff? | 0-2  3-5  6-10 |
| Number of Restrooms? |  |
| Total Square Footage of all food service areas? |  |
| Restaurant Seating Capacity? |  |
| Food Supplier(s)? (*please provide name(s)* |  |
| Frequency of food supply deliveries? |  |
| **Type of Service (check all that apply)** | On-site consumption  Off-site consumption  Catering  Ghost Kitchen  Manufacturing or Wholesale  Commissary  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Food Safety Risk Assessment:**

**Highly Susceptible Population is an establishment who primarily serves clients that are immunocompromised, preschool-age children, elderly, or provides food service to individuals at a facility that provides services such as custodial care, health care, assisted living, nursing home, child or adult day care center, hospital, senior center, etc.**

1. Will you be serving a highly susceptible population?  Yes  No

**“TCS” means it requires Time and Temperature control for safety or perishable food products.**

1. Are TCS foods or beverages items served to customers? Yes No
2. Are TCS food items prepared only in individual portions (receive, prep, serve)? Yes No
3. Are TCS food items served from a customer self-service bar or buffet? Yes No
4. Are TCS items cooked or reheated? Yes No
5. Are TCS items prepared from raw non-frozen ingredients? Yes No
6. Are TCS items prepared in a batch and held before service (cook/reheat, hold, serve)? Yes No
7. Are TCS items extensively handled with multiple-step prep (cook,cool,reheat) or special process? Yes No

1. What is the average number of meals you serve or plan to serve per day? <150 151 – 400  >401

Operational Questions

Receiving

1. **How will your facility receive food products from the food supplier?**  Fresh  Frozen  Both
2. **How will produce be received?**  Pre-cut, Pre-washed  Fresh (whole not washed or cut)

Storage

**Will you store raw proteins in the same refrigerator and freezers with ready to eat foods?** ☐Yes ☐No

Preparation

**Will Frozen Foods be thawed?** No Yes If, yes what methods are used to thaw? Select all that apply.

Refrigeration  Running water  Microwave  Cooked from frozen state (example: freezer to fryer)

**Will you hot/cold hold TCS foods prior to serving?** Yes No or  Time as a public health control. If you will use Time as a Public Health Control (i.e. a 4- or 6-hour rule**) please attach your written policies and procedures for review and approval.** **Attachment required** for Time as a Public Health Control

Written policy Written Procedure  Specify Foods Using Time Control For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Will you actively cool food products?** Yes No

**Will you use a standard date marking policy (i.e. 7 days)?** Yes  No

**Will you reheat TCS food products?** Yes No

**Will you conduct any Special Process requiring Variance or HACCP?** See page 6 Yes  No

Service

**What type of service ware will the facility use?**  Single-use utensils  multi-use utensils  both

Warewashing

**Will the largest piece of equipment and/or utensil fit into each compartment of the 3-compartment sink?**

Yes No  If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of Sanitizer will be used?**  Chlorine  Quaternary (QT)  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe Location and type of air-drying space.** Select all that apply.

Drainboards  wall-mounted or overhead shelves  Stationary or portable racks

Laundry Facilities.

**Where will your linens (such as your aprons, wiping cloths, etc) be washed?**

Onsite Contract with Commercial Service Disposable Only

Water Supply

**Will ice be?** Made On-Site Purchased or  Not Used

**Will ice be bagged and sold?** Yes No

**Will all potable water sources be protected for backflow?** Yes No

Storage and Utility Areas

**Do you have a designated area for employee storage and is it identified on the floor plan?** Yes  No

**Where will you store any toxic materials, sanitizing solutions, and any other poisonous or toxic materials?** Select all that apply. Area identified on floor plan away from food Dry storage area under prep tables in sanitizing buckets Other (specify fill in blank) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refuse, Recyclables, and Returnables.

**Identify how and where garbage cans and floor mats will be cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a designated area to store returnable damaged goods?**  Yes No

Pest Control. **Select all methods of pest exclusion and prevention used**

Outside doors will be self-closing and rodent proof  Insect Control Devices

All Entrances Left Open to the Outside will be screened  Air Curtains

Openable windows will have a minimum #16 mesh screening?Note: If you have a pit room it must be enclosed with at least a #16 mesh screen

Policies \*\*The following written policies/procedures are required.\*\* If you do not have these written policies, access to guidance documentation for each can be obtained from NET Health.

Please select each to indicate that you have these written policies and procedures. If you do not have them, please reference the link to acquire guidance documentation for each policy.

1. Contamination Event (Bodily Fluid) Policy & Cleanup Kit.
2. Employee health Policy, Employee Reporting Agreement & Sign to Employees
3. Imminent Hazard Response Plan. Select an option

Establishment will Close if Imminent Hazard is present

Establishment will develop an Operation Plan. NOTE: *prior approval required before implementation.*

If applicable please indicate that you have the following. If not or you do not know if you need it ask NET Health for more detail on requirements.

1. Allergen Notification & Signage
2. Consumer Advisory for Undercooked Animal Proteins

This next section is used to determine whether a facility uses any special processes and helps the plan reviewer determine whether additional policies and procedures such as a HACCP plan are required. If so, it can be subject to a variance request form and additional plan review.

|  |  |
| --- | --- |
| **Special Processes questionnaire** | |
| Will you be smoking food for preservation | Yes No |
| Curing food | Yes No |
| Food additives/adding components for preservation | Yes No |
| Live molluscan shellfish tank | Yes No |
| Custom processing animals | Yes No |
| Reduced oxygen packaging and/or sous vide | Yes No |
| Juicing | Yes No |
| Other food/beverage special processes | Yes No |
| Pets on the patio (no HACCP plan required only a variance.) | Yes No |
| Harvesting Wild Mushrooms | Yes No |
| sprouting seeds/beans | Yes No |
| **Other special processes that require prior approval/review** | |
| Will you use Time as a Public Health Control (TPHC) (i.e., 4 and/or 6-hour rule) | Yes No |

Acknowledgement and Signature

I understand by submitting this application that I will comply with all local, state, and federal laws and code requirements. I also understand that by submitting this application all information and supporting documentation/attachments are correct to the best of my knowledge and I will submit and comply with any revisions needed by NET Health to ensure that all local, state, and federal requirements are followed therein throughout this plan review process.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The links below are a few examples of available resources for applicants to gain more information and guidance on the plan review and permitting process for retail food establishments.

*NET Health official website* [www.mynethealth.org/environmentalhealth](http://www.mynethealth.org/environmentalhealth)

Conference For Food Protection Guidance Document Link <http://www.foodprotect.org/guides-documents/>

**U.S. Food and Drug Administration Food Establishment Plan Review Guide** <https://www.fda.gov/food>

**Texas Department of State Health Services** <https://www.dshs.texas.gov/retail-food-establishments>

Texas Restaurant Association <https://www.txrestaurant.org>

FOR OFFICE USE ONLY

**Application Receipt**

|  |
| --- |
| Date Received:\_\_\_\_\_\_\_\_\_\_\_ Pmt. Method:\_\_\_\_\_\_\_\_ Adv. Consult Fee($50): \_\_\_\_\_ Amt. Owed: $\_\_\_\_ Amendment Fee: $20 \_\_\_ |
| Received By: 🞏 Mail 🞏 In Person 🞏 Online Date Entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Menu: \_\_\_ CFM: \_\_\_\_ Sales Tax ID: \_\_\_\_ Fed. EIN: \_\_\_ 501(c)(3): \_\_\_\_ DL/ID for personal check:\_\_\_ Ownership Info: \_\_\_\_\_\_ |
| Floor Plan Rec’d:\_\_\_ Rev. Floor Plan Req.:\_\_\_ Floor Plan Approved:\_\_\_ |

Plan Review Process

Reviewed with Operator on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 APPROVED – NO CONDITIONS 🞏 APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist

🞏 NOT APPROVED – Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Plan Review Completed & Issued to Inspector:\_\_\_\_\_\_\_\_\_\_\_ Assigned To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_