



## EXTENDED VACANCY / SITE REVIEW APPLICATION

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Prior Establishment Name: \_\_\_\_\_

### Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Proposed opening date: \_\_\_\_\_

For reviewing agency use only:

Fee \$: \_\_\_\_\_

Check #: \_\_\_\_\_

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

Receipt #: \_\_\_\_\_

Plan Review #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

# General Information

Hours of Operation: \_\_\_\_\_

Seating Capacity (include bar & outdoor): \_\_\_\_\_

Minimum staff per shift: \_\_\_\_\_ Maximum staff per shift: \_\_\_\_\_

What describes the establishment better (mark one):  On-site Food Preparation  Serving Site

Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.):  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Type of Operation/Food Service (mark all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sit down meals          | <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Church                    |
| <input type="checkbox"/> Full service with bar   | <input type="checkbox"/> Catering           | <input type="checkbox"/> Takeout menu              |
| <input type="checkbox"/> Bar with food prep.     | <input type="checkbox"/> School             | <input type="checkbox"/> Commissary                |
| <input type="checkbox"/> Bar with no food prep.  | <input type="checkbox"/> Produce            | <input type="checkbox"/> Counter service           |
| <input type="checkbox"/> Grocery store           | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Buffet or salad bar       |
| <input type="checkbox"/> Fresh meat              | <input type="checkbox"/> Hospital           | <input type="checkbox"/> Wholesale foods           |
| <input type="checkbox"/> Seafood/fish            | <input type="checkbox"/> Smoked fish        | <input type="checkbox"/> Tableside/display cooking |
| <input type="checkbox"/> Deli                    | <input type="checkbox"/> Bakery             | <input type="checkbox"/> Ice production/packaging  |
| <input type="checkbox"/> Fast food               | <input type="checkbox"/> Brewery            | <input type="checkbox"/> Hotel                     |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling     | <input type="checkbox"/> Kiosk                     |
| <input type="checkbox"/> Tasting room            |   |  |

Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.)

Repackage (e.g. nuts)

List food:

Processor (e.g. cured meats, juice, sushi, slaughter, etc.)

List food:

Please summarize the proposed project including the following information:

- An overview of the proposed operation
- A description of any structural changes to take place
- A description of all equipment to be added removed, or relocated
- Details of any proposed room finish (floor, wall, ceiling, or coving) changes
- A description of any plumbing changes to be made

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will establishment host guest chefs or “popup” restaurants:  YES  NO  
 Menu items contain raw or undercooked animal-based foods:  YES  NO  
 If YES, the menu contains a consumer advisory:  YES  NO

Hazard Analysis and Critical Control Points (HACCP) plan is a written document that outlines the formal procedure for specialized food processes such as smoking food for preservation, curing, reduced oxygen packaging, fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-404.11, 3-502.11, 3-502.12, 3-801.11). Products produced for wholesale under the Code of Federal Regulations, may also require specific HACCP plans under these regulations. Please consult your regulatory agency if you plan to wholesale products (i.e. sell to another retail or food service operation).

Facility performing a specialized food process:  YES  NO  
 If YES, HACCP plan submitted:  YES  NO  
 Facility making products to wholesale:  YES  NO

**\*\*Submission of a HACCP plan, during the review process, does not mean the submitted HACCP plan is automatically approved. Further review of your submitted HACCP plan by the regulatory authority will be conducted and communicated with you.**

## Sinks & Warewashing Facilities

Dishwashing methods, mark all that apply.  Dishmachine  3-Compartment Sink(s)

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
1 <sup>st</sup> 3-compartment sink, size of compartments (basins)			
2 <sup>nd</sup> 3-compartment sink, size of compartments (basins)			
3 <sup>rd</sup> 3-compartment sink, size of compartments (basins)			

If a dishmachine/glasswasher will be utilized, list the make and model number of unit and how the unit will sanitize (e.g. chemical or high temperature).

Dishmachine/Glasswasher	Make	Model #	Sanitizing Method
1 <sup>st</sup> Unit			
2 <sup>nd</sup> Unit			
3 <sup>rd</sup> Unit			

## Hot Water Demand Information

List each plumbing fixture that has a hot water supply line, both new and existing. Each fixture should only be listed once.	Fixture Count
Handsinks (not including restroom sinks)	
Restroom Sinks	
Single Compartment Sink	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Cook Sink	
Hot Water Filling Faucet	
Steam Table/Bain-Marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

Water Heater (indicate new or existing)

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

A. Water heater proposed size:

KW: \_\_\_\_\_ Or BTUs: \_\_\_\_\_

B. Water heater storage capacity in gallons: \_\_\_\_\_

C. Water heater recovery rate @100°F: \_\_\_\_\_

D. Tankless units:

Gallons per minute @ 70°F rise: \_\_\_\_\_

and

Gallons per minute @ 100°F rise: \_\_\_\_\_

**Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.**

Dishmachine Booster Heater:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Booster heater proposed size:

KW: \_\_\_\_\_

Or BTUs: \_\_\_\_\_

I certify that the information in this extended vacancy/site review application is accurate to the best of my knowledge.

Signature of owner or representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title here: \_\_\_\_\_