



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety

PLAN REVIEW APPLICATION

Rule 5K-4.004(8), F.A.C.

Remit \$55.10 Non-Refundable
Application Fee Online at:
www.FDACS.gov
-OR-
Check or Money Order
Payable to FDACS and remit
to:
FDACS
PO Box 6720
Tallahassee, FL 32314-6720

FOOD ESTABLISHMENT AND OWNER INFORMATION

Log Number & Date Received (Office Use Only): _____

Check or Money Order Number (Office Use Only): _____

Food Establishment Name: _____

Location Address: _____

Commissary Address (if Mobile): _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ Email: _____

Business Owner Name: _____

Business Owner Mailing Address: _____

Phone Number: _____ Email: _____

Contact Name (If Different from Owner): _____

Phone Number: _____ Email: _____

Invoice and Billing Name and Address: _____

CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK FOR FACILITY INFORMATION

New Construction Remodel Other: _____

Provide written approval for drinking (potable) water and for waste water disposal from the appropriate agency (Health Department, Environmental Protection Department, or local Municipality.) Plans cannot be approved without this documentation.

Water Supply: Municipal Utility On-Site Well

Name of Municipality: _____

Waste Water Disposal: Municipal Utility Package Plant Septic Tank

Name of Municipality: _____

Grease Trap Size (Gallons)/Location: _____

Solid Waste Disposal: Dumpster Garbage Cans Grease Container

On the plans, indicate the location of the dumpster and garbage containers.

How will waste water from cleaning dumpster and/or garbage cans be disposed on site? _____



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TYPE OF SERVICE (CHECK ALL THAT APPLY)

- Retail Food Processing Package Food Retail Wholesale Food Processing Package Food Wholesale

Mobile Food Establishment: Type(s) of food offered: _____

FINISH SCHEDULE

Please indicate the type of material used in the following areas (Example: Stainless Steel, Sealed Wood, FRP, etc.) Construction finishes must be smooth, easily cleanable, and nonabsorbent. Studs, joists, and rafters may not be exposed in areas subject to moisture. * Floor and wall junctions shall be coved and sealed.

Area	Floor	Wall	* Cove Base (Baseboards)	Ceiling
Food Processing/Preparation				
Retail				
Food Storage (Dry)				
Warewashing				
Toilets				
Mop Sink				

Note: Customers may not go through food processing/preparation/storage and warewashing areas to access the toilet facilities. Toilet rooms cannot open directly into a food preparation/processing or warewashing area.

CLEANING FACILITIES (PLEASE INDICATE ON PLANS)

Mechanical (Commercial Dish Washing Machine): Sanitization Method: Chemical: Hot Water:

Manual (Three Compartment Sink with Drain Boards or Equivalent Shelving and Adequate Backflow Prevention)

Number of Three Compartment Sinks: _____

Number of Hand Wash Sinks: _____ Number of Prep Sinks: _____

Mop Sink Location: _____

Water Heating Device Location: _____

Maximum Number of Staff per Shift: _____ Total Square Feet of Establishment: _____

Anticipated Construction Start Date: _____ Target Date for Opening Business: _____



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**PLANS AND REQUIRED DOCUMENTATION SHALL BE SUBMITTED WITH THIS APPLICATION.
PLEASE SEE ENTIRE FORM FOR DETAILED INSTRUCTIONS ON HOW TO COMPLETE A PLAN, THE
APPLICATION PROCESS, AND WHERE TO SUBMIT PLANS.**

Important: Payments may be made online or send a copy of this application with
your payment (check or money order) of \$55.10 to:

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P.O. Box 6720
Tallahassee, FL 32314-6720

Org. Code: 42 14 03 01 008 EO A2

Object Code: 001228 \$55.10