

## Food Service Plan Review Application

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 of a plan review. Plan review information will not be accepted without appropriate fee paid. Items #1, 3, 5, 6 & 7 do not apply to Caterers operating from an approved licensed commissary in St. Cloud.**

1. Attached floor plan to scale of entire establishment indicating location of all food service equipment, restrooms, storage rooms, etc.
2. Attached food equipment schedule form & equipment specification sheets.
3. Attached room finish schedule for walk-in coolers, storage areas, restrooms and janitorial areas.
4. Attached proposed menu.
5. Attached HACCP plan & variance request if applicable. (Refer to Minnesota Food Code Chapter 4626.1730, 4626.1690.)
6. Plan review fee paid. 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.
7. Have you contacted the Building Safety Department regarding demolition, building, electrical and plumbing permits?     YES     NO

| OFFICE USE ONLY                        |          |                              |                           |
|--|----------|------------------------------|---------------------------|
| Date: _____                            | S _____  | Receipt: SS _____            | Amount Received: SS _____ |
| Received by: _____                     |          | SSS _____                    |                           |
| Plan Review Start Date: _____          |          | Plan Review Completed: _____ |                           |
| FYj JYk 'G/bhVm 'dcgU`a UJ].....Ya UJ] |          |                              |                           |
| 5ddfcved Vy: _____                     | SS _____ | Risk:    L    M    H         | TRAKit Code: _____        |
| SSSSSSSS                               |          |                              |                           |





**Fees based on number of full-time equivalent employees (FTE):**

|             |       |
|-------------|-------|
| 1 – 4       | \$191 |
| 5 – 18      | \$315 |
| 19 – 28     | \$459 |
| 29 – 35     | \$630 |
| 36 and over | \$734 |

**Primary food license type:** Choose one & provide number of (FTE) if applicable.

- Food Service Establishment (i.e. restaurant)
(#FTE) \_\_\_\_\_ (Fee) \_\_\_\_\_
- B Beverage Service Establishment (i.e. bar)
(#FTE) \_\_\_\_\_ (Fee) \_\_\_\_\_
- Commissary
(#FTE) \_\_\_\_\_ (Fee) \_\_\_\_\_
- Catering (Provide copy of Licensed Commissary)
(No Plan Review Fee)

**Secondary food category license types:** Check all that apply and provide required information.

- Food Service (i.e. second kitchen)
(# ) \_\_\_\_\_ x \$160 \_\_\_\_\_
- Permanent Beverage Service/Bar (plumbed)
(# ) \_\_\_\_\_ x \$160 \_\_\_\_\_
- Portable Beverage Service/Bar (not plumbed)
(# ) \_\_\_\_\_ x \$60 \_\_\_\_\_
- Catering
\$160 \_\_\_\_\_
- Food Distributor
\$138 \_\_\_\_\_
- Food Manufacturer
\$138 \_\_\_\_\_

**Vending Machines:** if owned and operated by the applicant check all that apply

- Vending machines (Non-perishable items, i.e. candy, chips)
(#) \_\_\_\_\_ x \$20 \_\_\_\_\_
- Vending machines (Prepackaged perishable, i.e. milk, sandwiches)
(#) \_\_\_\_\_ x \$20 \_\_\_\_\_

*\*\*Exempt if only prepackaged bottled or canned soft drinks*

**TOTAL DUE** \_\_\_\_\_

**Enclose**

- A license 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. Contact staff at 320-255-7214 for assistance.
- 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:** (check one)    Owner    Other \_\_\_\_\_