

Food 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: _____ Receipt: _____ Amount Received: _____ Received by: _____

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

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

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

- Type 1 (Full service/sit down restaurants, full menu cafeterias, buffet restaurants, catering kitchens and similar)..... \$500.00
- Type 2 (Fast food, take out, pizza delivery, delis, drive-ins, ice cream shops, donut shops, limited or catered cafeterias, bakeries and similar)..... \$375.00
- Type 3 (Coffee carts and coffee only shops, bars, concession stands, snack stands, continental breakfasts and similar)..... \$250.00
- Large grocery..... \$700.00
- Medium/small grocery (convenience stores, markets and similar)..... \$250.00
- Limited grocery (prepackaged)..... \$105.00

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

- Additional Type 1 or 2..... (#) _____ x \$200 _____
- Additional Type 3..... (#) _____ x \$100 _____
- Additional medium/small grocery..... (#) _____ x \$200 _____
- Additional limited grocery..... (#) _____ x \$50 _____

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

- Vending machines (Perishable & Non-perishable items) (#) _____ x \$23 _____

No license required for only soft drinks

License add-on fees:

- Catering..... \$179.00
- Hazard Analysis Critical Control Point (HACCP).....\$200.00

TOTAL DUE _____

If licensing less than 3 months: 50% of annual fee / If licensing for 3 to 6 months: 75% of annual fee

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.
- A signed Certificate of Compliance of Minnesota Workers Compensation Law

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 _____