

**Retail Food Handler
 Plan Review Application**

Government data practices act-Tennesson warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

Establishment Name: _____

Physical Address: _____

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 for 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. Floor plan of entire establishment to scale that indicates the location of all food service equipment, restrooms, food storage, etc.
2. Food equipment schedule form & food equipment specification sheets attached.
3. Room finish schedule form must including walk-in coolers, storage areas, restrooms and janitorial areas.
4. Attached proposed menu/food layout.
5. Attached HACCP plan & variance request if applicable. (Refer to Minnesota Food Code Chapter 4626.1730, 4626.1690)
6. Plan review fee is enclosed. 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: _____	Sent by:	postal mail	email
Approved By: _____	Risk: L M H	TRAKIT Code: _____		

The total square footage (Sq. Ft.) of the establishment determines the fee due. Include all areas used for food and food related sales, processing, packaging, serving and storage. (The Plan Review Fee for new food establishments and significant remodels is equal to the annual un-prorated license fee.)

1,000 – or less	\$138
1,001 – 5,000	\$181
5,001 – 7,500	\$226
7,501 – 10,000	\$308
10,001 – 15,000	\$459
More than 15, 000	\$644

Primary food license: (Check only one/determine fee above)

- Grocery, Micro Market (Sq. Ft.) _____ (Fee) _____
- Meat Market (Sq. Ft.) _____ (Fee) _____
- Retail Bakery (Sq. Ft.) _____ (Fee) _____
- Commissary (Sq. Ft.) _____ (Fee) _____
- Prepackaged (non-perishable food handler) (Flat Fee of \$93) _____

Secondary food license: (Check all that apply)

Secondary License Types fee only

- Food distributor \$138 _____
- Food manufacturer \$138 _____
- Food service \$138 _____
- Meat market \$138 _____
- Retail Bakery \$138 _____
- Grocery, Micro Market \$138 _____
- Food catering (No Plan Review Fee)
- Wholesale \$138 _____

Vending Machines:

Perishable food items (i.e. milk, sandwiches) (#)____ machines x \$20= _____

Non-perishable food items (i.e. candy, chips)(#)____ machines x \$20= _____

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

TOTAL DUE: _____

I understand it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating.

Signature: _____ **Print Name:** _____

Relationship to Establishment: **Owner** **Other:** _____