

Food Service-School/Daycare Plan Review Application

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.

Ensure to include:

- Floor plan of entire establishment indicating location of all food service equipment, restrooms, etc. attached to scale.
- Food equipment schedule form & food equipment specification sheets attached.
- Room finish schedule form attached including walk-in coolers, storage, restroom, and janitorial areas.
- Attached proposed menu.
- Attached HACCP plan & variance request if applicable. (Refer to Minnesota Food Code Chapter 4626.1730, 4626.1690)
- 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.
- 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: _____		

Primary License Type

- 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 _____

Secondary license type

- Type 1 Qty. _____ \$100.00
- Type 2 Qty. _____ \$100.00
- Type 3 Qty. _____ \$100.00

Additional food services

- Catering- transporting and serving food off site..... \$179.00 _____
- Additional inspection for K-12 school (USDA required) \$100.00 _____
- Hazard Analysis Critical Control Point (HACCP)..... \$200.00 _____

TOTAL DUE _____

** Exempt: Concession stands serving commercially prepared non-potentially hazardous food

Enclose

- 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.
- All supporting documents (blueprints, 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: Owner Other _____