



Florida Department of Agriculture and Consumer Services  
Division of Food Safety

**PLAN REVIEW APPLICATION**

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

NICOLE "NIKKI" FRIED  
COMMISSIONER

Remit \$55.10 Non-Refundable  
Application Fee Online at:  
[www.FDACS.gov](http://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:

Florida Department of Agriculture and Consumer Services  
P.O. Box 6720  
Tallahassee, FL 32314-6720

Org. Code: 42 14 03 01 008 EO A2

Object Code: 001228 \$55.10