



**DELAWARE HEALTH AND
SOCIAL SERVICES**

**Division of Public Health
Office of Food Protection**

**PLAN REVIEW AND APPROVAL
FOR
FOOD ESTABLISHMENTS**

APPLICATION FORMS



Rev. 07/2006

35-05-20/06/07/17



APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.

1. NAME AND LOCATION OF FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

TEL NO. OF ESTABLISHMENT: _____ FAX NO. _____

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT

3. SEASONAL/TEMPORARY MAILING ADDRESS (IF APPLICABLE)

TEL NO. _____

TEL NO. _____

4. MAIL CORRESPONDENCE TO (CHECK ONE): ADDRESS SHOWN IN BLOCK #A1 ADDRESS SHOWN IN BLOCK #A2

SECTION B: CLASSIFICATION

TYPE OF FOOD ESTABLISHMENT (CHECK ALL THAT APPLY)

1. FIXED LOCATION
 2. MOBILE UNIT (SPECIFY FACILITY USED AS SERVICING AREA _____)
 3. SEASONAL (SPECIFY DATES OF OPERATION _____)

• IF THIS IS A CHANGE OF OWNERSHIP, INDICATE BELOW THE PREVIOUS FOOD ESTABLISHMENT NAME, IF KNOWN.
 PREVIOUS NAME: _____ PREVIOUS BUSINESS ID: _____

TYPE OF PERMIT REQUESTED (CHECK ALL THAT APPLY)

1. FOOD SERVICE (RESTAURANT) 2. RETAIL FOOD STORE 3. FOOD PROCESSOR
 4. VENDED FOOD 5. ICE MANUFACTURING

TYPE OF BUSINESS ENTITY

1. INDIVIDUAL 2. PARTNERSHIP (NAME: _____)
 3. ASSOCIATION (NAME: _____) 4. CORPORATION (NAME: _____)
 5. OTHER ENTITY (SPECIFY TYPE: _____)

6. INTERNAL REVENUE SERVICE STATUS (CHECK ONE) FOR PROFIT OR NON - PROFIT

NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.

IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501(C)(3) LETTER.

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, STRUCTURE CONVERSION TO FOOD ESTABLISHMENT, REMODELING, OR CHANGES IN ESTABLISHMENT TYPE OR FOOD OPERATION TYPE. PLEASE INCLUDE THE REQUIRED NON-REFUNDABLE FEE WITH THIS APPLICATION. MAKE CHECK PAYABLE TO "STATE OF DELAWARE."

THE ESTABLISHMENT PERMIT FEE IS NOT DUE UNTIL THE FACILITY IS APPROVED FOR OPERATION. AT THAT TIME, AN INVOICE WILL BE SENT TO THE ESTABLISHMENT APPLICANT.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A FOOD ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE "STATE OF DELAWARE REGULATIONS GOVERNING FOOD ESTABLISHMENTS" AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE X _____ DATE _____ / _____ / _____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE _____



**PLAN REVIEW AND APPROVAL
FOR
FOOD ESTABLISHMENTS**

FACILITY INFORMATION SHEET

1A. IDENTITY OF PLANS:

Name of Food Establishment _____

Address of Food Establishment _____

_____ Phone _____

Applicant _____

Address of Applicant _____ Phone _____

_____ Phone _____

1B. PLAN REVIEW IS FOR: _____ New Construction _____ Conversion _____ Remodeling

2. STRUCTURAL REQUIREMENTS (Mark item as "NA" if not applicable)

A. GENERAL: Suitable structural materials used throughout facility? Yes _____ No _____

B. OUTDOOR AREAS:

(1) Walking and driving surfaces properly graded to drain? Yes _____ No _____

(2) Walking and driving surfaces constructed of (specify) _____ material.

GARBAGE AND REFUSE STORAGE AND DISPOSAL:

(3) Indoor refuse storage room provided? Yes _____ No _____

(4) Outdoor container surface: concrete or asphalt pad, or equal? Yes _____ No _____

(5) Container washing facilities with hot and cold water, provided? Yes _____ No _____

(6) If refuse to be incinerated on premises, does incinerator meets standards established by Dept. of Natural Resources and Environmental Control (DNREC)? Yes _____ No _____

C. OUTER OPENINGS - Doors and windows

(1) All openings protected from vermin entry by use of doors/screens? Yes _____ No _____

(2) All outer doors self-closing? Yes _____ No _____

(3) All openings in floors, walls, ceilings for pipes, cables, etc. properly caulked or sealed? Yes _____ No _____

J. POISONOUS AND TOXIC MATERIALS:

- (1) Separated or partitioned facilities provided for storage of poisonous and toxic materials?
Yes _____ No _____

3. PLUMBING REQUIREMENTS (Mark item as "NA" if not applicable)

A. GENERAL:

- All plumbing to be installed by a licensed plumber with a current permit, and complies with applicable local, state and national plumbing codes? Yes _____ No _____

B1. WATER SUPPLY:

- (1) Served by public water system? Yes _____ No _____
Name and ID number, if known _____
- (2) Served by an individual water system approved by Division of Public Health and Department of Natural Resources and Environmental Control (DNREC)?
Yes _____ No _____
- (3) Water pressure at least 20 pounds per square inch in all areas? Yes _____ No _____
- (4) All plastic potable water lines NSF-PW approved or equal? Yes _____ No _____

B2. SEWAGE DISPOSAL:

- (1) Served by public sewage disposal system? Yes _____ No _____
- (2) Served by private sewage disposal system? Yes _____ No _____
- (3) Private sewage disposal system approved by DNREC? Yes _____ No _____
System permit number _____ Approval date _____

C. BACKFLOW PREVENTION:

- (1) Backflow prevention device on all hose connections? Yes _____ No _____
- (2) Dishwashing machines, potato peelers, garbage disposals, steam kettles, steam tables, coffee pots, etc. installed in such a manner as to preclude the possibility of back siphonage?
Yes _____ No _____
- (3) Waste drainlines from equipment indirectly connected through air gap to sewer?
Yes _____ No _____

D. UTILITY SERVICE INSTALLATION:

- (1) Utility service lines installed in compliance with all applicable codes?
Yes _____ No _____
- (2) Utility service lines installed inside walls, or installed with stand-off brackets to provide minimum 1 inch clearance between line and wall? Yes _____ No _____
- (3) Exposed overhead sewers located in food preparation areas or storage areas?
Yes _____ No _____

E. JOINT SEALING:

- (1) Joints formed by plumbing fixtures mounted on walls or floors sealed with approved sealant? Yes _____ No _____
- (2) Fixtures sealed to walls and floors, or a minimum clearance of 1 inch provided?
Yes _____ No _____

F. TOILET FACILITIES:

- (1) Number of fixtures provided as required by plumbing code? Yes _____ No _____
- (2) Conveniently located and easily accessible? Yes _____ No _____
- (3) Doors self-closing? Yes _____ No _____
- (4) Ventilation provided by window or mechanical exhaust? (Circle method of ventilation)
- (5) Handwashing facilities provided in restrooms? Yes _____ No _____

- D. DISPLAY
 (1) Sneeze guards, food shields, or other devices provided where required? Yes ___ No ___
- E. STORAGE
 (1a) Delivery frequency for fresh meats, poultry, seafood, dairy products: _____
 (1b) Delivery frequency for produce, fresh fruit and vegetables: _____
 (1c) Cubic feet of refrigerated storage (walk-in, reach-in): _____
 (2a) Delivery frequency for frozen food products: _____
 (2b) Cubic feet of frozen food storage (walk-in, reach-in) _____
 (3a) Delivery frequency for dry and canned foods: _____
 (3b) Square footage of dry and canned food storage: _____
 (4) Facilities (racks and shelving) provided for food storage 6 inches above floor, or 12 inches above floor if shelves exceed 24" depth? Yes ___ No ___
 (5) Exposed sewer and exposed water lines or waste water lines over food storage areas? Yes ___ No ___
- F. LINEN
 (1) Storage location provided where clean linen protected from contamination? Yes ___ No ___
 (2) Nonabsorbent containers or washable laundry bags provided for storage of soiled linen? Yes ___ No ___

5. **FLOOR PLAN** (Two copies are required for review) Scale: 1/4" = 1 foot

- A. Did you provide two copies of the floor plan, showing locations of all equipment listed above? Yes ___ No ___

6. **MENU**

- A. Did you provide a menu or complete list of all foods and beverages to be served? Yes ___ No ___
 B. Did you provide all applicable information in the Food Preparation Review? Yes ___ No ___
 C. Did you complete the Type of Food Operation sheet? Yes ___ No ___

* = Attach additional sheets or forms as applicable.

(X) _____
 Signature of Applicant

 Date

 Printed Name of Applicant

 Name of Food Establishment



TYPE OF FOOD OPERATION

APPLICANT: (PRINT) _____ DATE: ___/___/___

FOOD ESTABLISHMENT NAME: _____

Changes in the type of food operation may require review and approval of plans and specifications by the Division of Public Health to ensure compliance with current Food Establishment regulations.

✓ Check one or more items below to indicate type of food operation(s)

- PREPARATION AND SALE OF NON-POTENTIALLY HAZARDOUS FOOD.*
- PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
Only to order upon a consumer's request.
- PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, in quantities based on projected consumer demand, and discards food that is not sold or served, at an approved frequency.
- PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, in quantities based on projected consumer demand, and discards food using time as the public health control.
- PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding, cold holding; or freezing.
- PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.
For delivery to and consumption at a location off the premises of the food establishment where it is prepared.
- PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.
For service to a highly susceptible population.**

DEFINITION OF TERMS

* Potentially Hazardous Food : food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic organisms.

** Highly Susceptible Population: a group of persons who are more likely than other populations to experience food borne disease because they are immunocompromised, or older adults and in a facility such as a hospital or nursing home, or preschool age children in a facility such as a day care center.

FOOD PREPARATION REVIEW

How will you prevent cross-contamination between raw foods (meats, poultry, seafood) and cooked ready-to-eat foods?

C. Preparation Protection from Contamination

How will frozen foods be thawed before cooking?

How and where will foods (meat, poultry, seafood, produce) be washed and rinsed on-premises?

How will you minimize the time foods are in the Danger Zone (41°F - 140°F) during preparation?

How will ready-to-eat foods made by combining ingredients, such as tuna or chicken salad, be chilled after preparation?

D. Cooking Destruction of Organisms

How will you measure the required final cooking temperatures of potentially hazardous foods (thermometers, etc)?

E. Service Limiting Growth of Organisms

How will hot foods be maintained at 140°F or above during hot holding for service (steam tables, warmers)?

How will cold foods be maintained at 41°F or below during cold holding for service (cold pan units, buffet tables, etc)?

D. Cooling Limiting Growth of Organisms

How will foods be cooled from 140°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours (ice bath, etc.)?

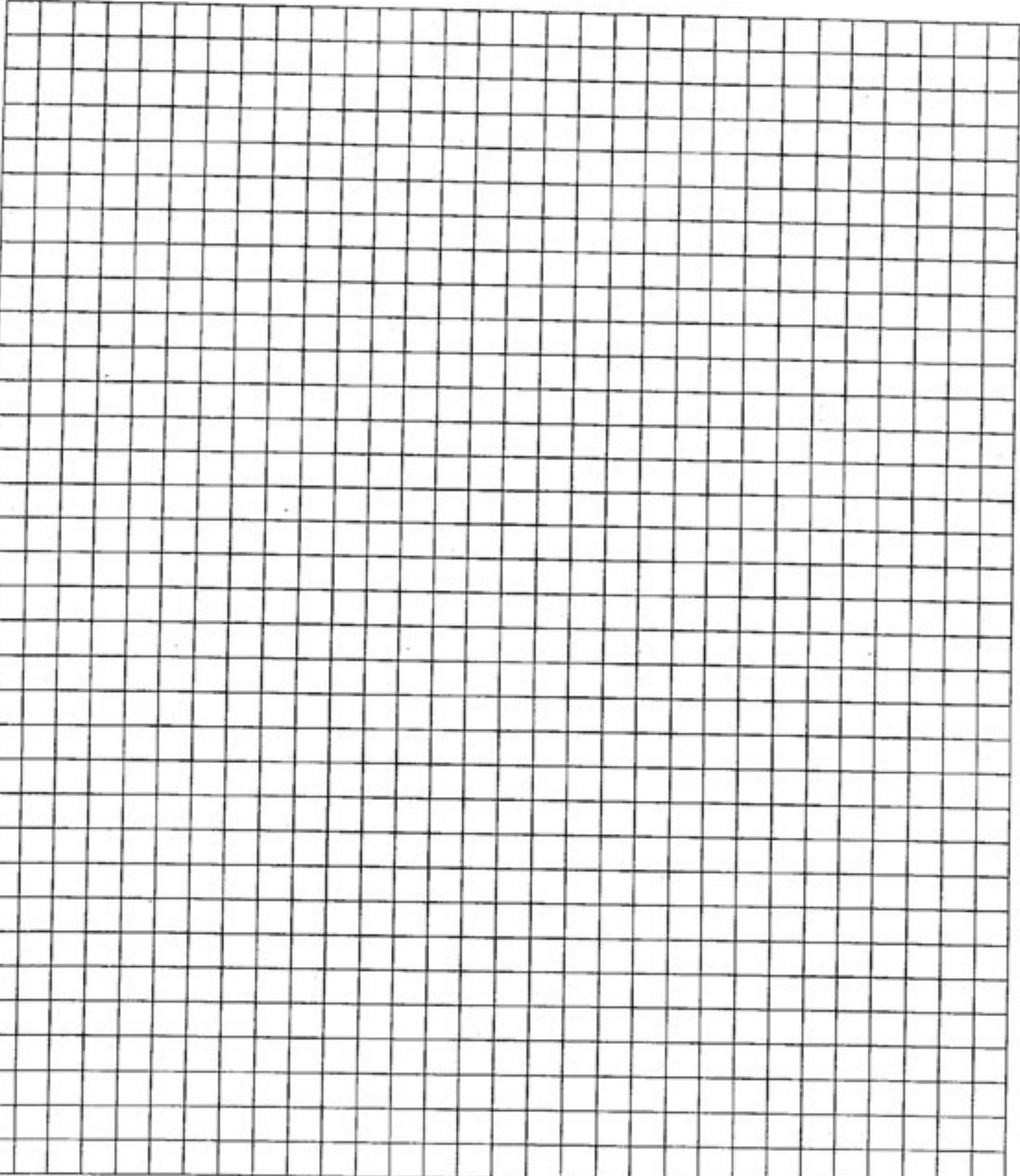
E. Reheating Limiting Growth of Organisms

Describe how foods for hot holding will be rapidly reheated to 165°F for 15 seconds within 2 hours (range, microwave).

F. Disposal Segregation and Disposition of Distressed or Contaminated Food

Describe the location for separation of contaminated/distressed foods. Describe your procedures to discard foods from unapproved sources, adulterated foods, and foods contaminated by employees or consumers.

Thank you for completing this Food Preparation Review. For information concerning the food safety principles involved in these procedures, consult the State of Delaware Food Code, or contact the Office of Food Protection.



FOOD ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale $\frac{1}{4}$ " = 1 foot
(If other scale, specify: _____)

NAME OF FOOD EST. _____ Submitted by: _____