

Food Establishment Plan Review Application

The following are examples of situations that may require a plan review:

- Newly constructed building
- Reopening of a food establishment closed longer than ninety (90 days)
- Renovation of an existing facility

STEPS TO OBTAIN A FOOD ESTABLISHMENT LICENSE:

Step 1: Submit Application and Fee

Complete this form and submit with the required items and plan review fee.

Incomplete applications will not be accepted or reviewed until all items are submitted.

- ☐ Food Establishment Plan Review Application (this form, pages 2-5)
 - ☐ Proposed menu or list of all food and beverage items
 - ☐ Site plan (including dumpster area)
 - ☐ Facility floor plan (criteria sheet and example floor plan on website)
 - ☐ Equipment list with brand name & model numbers

Square Footage:	Normal Fee:	Expedited Fee:
Under 3,000	\$250	\$750
3,000 to 30,000	\$360	\$1080
30,001 to 40,000	\$585	\$1755
40,001 to 60,000	\$625	\$1884

Step 2: Plan Review

Plans are reviewed in the order that they are received. To verify that the retail food establishment meets the requirements of Title 410 IAC 7-26 Retail Food Establishment Sanitation Requirements, MCPHD shall be notified of the intent to operate at minimum 30 days prior to operating. All required items must be submitted to complete a timely and accurate review. Upon initial review, you will receive a letter via email reporting the findings (approval, request for additional information, or denial).

Expediting an application is available upon request; this guarantees an application will be reviewed within 5 business days but does not guarantee approval or an inspection date.

Step 3: Licensing Inspection

Once the food establishment is ready for an inspection, contact MCPHD Food & Consumer Safety. Please email or call at least one week in advance to schedule. Review the criteria sheet for general requirements. Upon a successful inspection, an invoice to pay for the license will be generated.

1. Facility Contact Information

Establishment Name:	
Address:	
City, State, Zipcode:	
Business Email:	Business Phone:

2. Owner Contact Information ☐ Corporation ☐ Sole Proprietorship

Corporate / Business Owner Name:		
Owner Street Address:	Phone Number:	
City:	State:	Zipcode:
Owner E-mail:		
Contact Person (if different from owner):	Contact Phone:	
Contact E-mail:	Architect/Designer:	

3. Establishment Information (check one)

<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	School
<input type="checkbox"/>	Commissary	<input type="checkbox"/>	Tavern-minimum food
<input type="checkbox"/>	Grocery	<input type="checkbox"/>	Other: _____

4. Project Information

Construction Start Date:	Probable Opening Date:
Select One: <input type="checkbox"/> Newly Constructed Building <input type="checkbox"/> Remodel of an Existing Facility <input type="checkbox"/> Other:	
Previous use of Building (if food facility, provide name of previous business):	
Check if applicable to your project*: <input type="checkbox"/> Newly installed exhaust hood <input type="checkbox"/> Existing exhaust hood <input type="checkbox"/> Updated exhaust hood <input type="checkbox"/> N/A *If new or updated hood - have permits and approval been obtained from the local city inspectors and fire marshal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Operational Information

Select One: <input type="checkbox"/> Dine-In; Number of Seats: _____ <input type="checkbox"/> Carry-Out Only <input type="checkbox"/> Other: _____	
Number of Persons Employed (max/shift):	
Square Footage of Facility:	
Days of Operation:	Hours of Operation:

6. Water Supply: ☐ City ☐ Private/Well*

**If private, provide most recent copy of the lab testing results*

7. Sewage Disposal: ☐ City/Sanitary Sewer ☐ Private/Septic*

**If private, has the sewage disposal system been approved by the state or local septic inspector? ☐ Yes ☐ No*

8. Grease trap / interceptor is installed: ☐ Yes ☐ No ☐ N/A

a. Capacity (lbs): _____

b. Location: _____

9. Water heater(s): ☐ Newly installed ☐ Existing

a. Brand name(s): _____

b. Model Number(s): _____

10. Restrooms

a. Customer (public) restrooms will be provided: ☐ Yes ☐ No ☐ N/A

b. Adequate mechanical ventilation will be provided in all restrooms: ☐ Yes ☐ No

WASTE MANAGEMENT AND PEST CONTROL

11. Will you have garage-style windows (or similar) that can remain open during service? ☐ Yes ☐ No

12. Will screen or air curtains be provided on open doors and windows? ☐ Yes ☐ No ☐ N/A

13. Will you use a professional pest control service? ☐ Yes ☐ No

14. Will you have a grease dumpster or pickup service? ☐ Yes ☐ No ☐ N/A

FOOD PROCESSES AND PROCEDURES

15. Provide a list of food suppliers: _____

16. What are the projected frequencies of deliveries (i.e. daily, 2x week, etc.)

Frozen Foods	
Refrigerated Foods	

17. Will there be consumer self-service? ☐ Yes* ☐ No

(such as a buffet, salad bar, bread display case, etc.)

**If yes, submit standard operating procedures and sneeze guard protection information.*

18. Is there a bulk ice machine? ☐ Yes ☐ No

19. Will produce be washed on-site, purchased prewashed, or a combination of both?

☐ On-site ☐ Purchased pre-washed ☐ Combination ☐ N/A

20. Is there a dedicated, stainless steel food preparation sink provided? ☐ Yes ☐ No

21. Will “Time as a Public Health Control” be used for any TCS foods (time/temperature controlled for safety)? ☐ Yes* ☐ No

**If yes, submit written procedures for your processes. Include example(s) of time keeping methods.*

22. Will frozen TCS foods (time/temperature controlled for safety) be thawed? ☐ Yes ☐ No

If yes, indicate which methods will apply.

- ☐ Refrigeration
- ☐ Running water less than 70°F (21°C)
- ☐ Microwave (as part of the cooking process)
- ☐ Cooked from frozen state

23. Will cooked, hot foods be cooled down for later reheating ? ☐ Yes ☐ No

If yes, indicate which cooling methods will apply.

- ☐ Shallow pans under refrigeration
- ☐ Ice and water baths
- ☐ Reducing portion size (quartering a roast)
- ☐ Rapid cooling equipment (ice paddles, blast chiller)
- ☐ Other

24. Indicate any specialized processes that will take place:**

- ☐ N/A
- ☐ Reduced Oxygen Packaging (vacuum sealing, sous vide, cook-chill, canning)
- ☐ Acidification for preservation (ex. using vinegar to make a TCS food shelf stable)
- ☐ Smoking, curing, or fermentation of foods for preservation
- ☐ Dehydrating, freeze drying
- ☐ Other: _____

***Provide written standard operating procedures and/or a HACCP and copy of approved variance (if required) for the above special processing methods.*

SANITIZING

25. Type of chemical sanitizer(s) used:

☐ Chlorine bleach ☐ Quaternary ammonium ☐ Other: _____

26. Type(s) of ware washing equipment used:

☐ Three-compartment sink ☐ Chemical dish machine ☐ High-temperature dish machine

27. Finishing Schedule - indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas. ☐ Finishing schedule is attached

FINISHING SCHEDULE	FLOOR	WALLS	CEILING
Kitchen			
Bar			
Ware washing			
Restrooms			
Garbage & Refuse Storage			
Dry Storage			
Walk-in Cooler / Freezer			

28. As a licensed retail establishment owner/operator, I agree to the following requirements as stated in the Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-26. Initial each statement.

_____ Comprehensive training in food safety and sanitation will be provided to all employees.
410 IAC 7-26-136

_____ A written employee health and illness policy will be provided to exclude and restrict employees as required. 410 IAC 7-26-138

_____ Written procedures for clean up of vomiting and diarrheal events will be provided.
410 IAC 7-26-153

_____ An approved certified food protection manager certificate will be obtained as required in the Indiana Department of Health guidelines. 410 IAC 7-26-135

29. Use this area to provide any additional information regarding your operation.

If you need assistance, contact a member of the plan review team at planreview@marionhealth.org.

Printed Name of Applicant

Signature of Applicant

Date

FACILITY SELF CHECKLIST

Below are examples of important aspects to consider. Review the criteria sheet on our website for additional information. Similar questions may be asked in future inspections.

Facilities

- Have proper permits been obtained with the city for structural, plumbing, electrical, and ventilation work?
- What are the procedures in the event of a water main break or floor?
- What are the procedures if there is a fire?
- What are the procedures if there is a power outage?

Equipment

- Do you have enough commercial cooler/freezer storage capacity to support the menu?
- How will cooking equipment, cutting boards, countertops, and other items too large to submerge in a three-compartment sink or run through a dish machine, be properly sanitized?
- If purchasing any used equipment, has it been tested, approved, and in good repair?
- Is the ware washing setup adequate for the type and volume of service?

Employee Training

- When and how will you train your staff in food safety?
- What food safety practices will be covered during staff training?
- What is your employee health policy and how is it documented?
- Do you have a written policy and necessary equipment to handle a bodily fluid accident?

Processes

- How will ready-to-eat foods be clearly date marked?
- What will you use to avoid bare-hand contact with ready-to-eat foods?
- What will you do with leftover hot foods at the end of the night?
- What are the procedures for receiving deliveries of food and ingredients?
- Is a consumer advisory necessary for any items offered on the menu?

Services

- Who will provide the trash service and what is the intended pickup schedule?
- Who will provide oil waste pickup and grease trap cleaning services?
- What method of pest management do you have in place?
- Who will maintain your hood system and/or fire suppression system?
- Who will provide maintenance for your dishwasher, if one is used?