

RFPRQ Rev. 8/2017

### Retail Food Plan Review Questionnaire

1. Name of establishment: \_\_\_\_\_  
\_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_
2. Physical address of establishment: \_\_\_\_\_  
\_\_\_\_\_
3. Mailing address if different from physical address: \_\_\_\_\_  
\_\_\_\_\_
4. Owner of business: \_\_\_\_\_
5. Name of corporation, partnership, LLC, or LLP (if applicable):  
\_\_\_\_\_
6. If a partnership, list partner name(s): \_\_\_\_\_  
\_\_\_\_\_
7. Business owner contact information: Home #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_  
\*Used for inspection reporting, recall information, boil water advisories, and other pertinent information.
8. Owner of the real property (land and building): \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_
9. Has the facility for which this application is hereby made been previously permitted by the Department of Health for the purposes of operating a Retail Food Establishment?  yes  no
10. If you answered yes to the previous question, what was the name of the previous business?  
\_\_\_\_\_
11. Will the occupancy classification (*i.e.* bar, restaurant, grocery) of the business for which you are applying remain exactly the same as the previous business?  yes  no
12. Name of responsible agent if different from business owner: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
14. Type of business:

<input type="checkbox"/> restaurant	<input type="checkbox"/> seafood market
<input type="checkbox"/> restaurant/bar	<input type="checkbox"/> meat market
<input type="checkbox"/> bar	<input type="checkbox"/> bakery
<input type="checkbox"/> grocery- Packaged only (chips and candy bars)	<input type="checkbox"/> hospital/clinic cafeteria
<input type="checkbox"/> grocery – deli (kitchen)	<input type="checkbox"/> day care/with food preparation
<input type="checkbox"/> nursing home cafeteria	
<input type="checkbox"/> group home – number of residents _____	
<input type="checkbox"/> other – be specific _____	

*\*Please complete a Mobile Unit Plan Review Questionnaire if you will be operating a mobile unit.*

**PLANS AND SPECIFICATIONS MUST BE APPROVED BEFORE CONSTRUCTION AND RENOVATION BEGINS.**  
Louisiana Administrative Code Title 51, Part XXIII, Chapter 3, §307.A.

15. Type of submission:
- change of existing business ownership only
  - conversion of non-food establishment to food establishment
  - new construction of retail food establishment
  - renovation/remodel of existing retail food business
  - reopening of previously closed food establishment. How long was it closed? \_\_\_\_\_
  - change of existing retail food business and real property ownership
  - other – be specific \_\_\_\_\_

16. If increasing the square footage of the business or the usable area, indicate the following:

Existing footage: \_\_\_\_\_  
Proposed square footage change: + \_\_\_\_\_  
**Total:** = \_\_\_\_\_

17. Total square footage of the business: \_\_\_\_\_  
Usable square footage of business: \_\_\_\_\_

18. Plumbing: (\*For information purposes only)

			<u>Restrooms</u>			
LADIES		MEN		UNISEX		
_____ # toilets *		_____ # toilets *	_____ # urinals *	_____ # toilets *		
_____ # hand wash sinks		_____ # hand wash sinks *		_____ # hand wash sinks		

Self-closing doors (when applicable):  yes  no

Self-closing, self-metered faucets (when applicable):  yes  no

Mechanically vented to outside atmosphere:  yes  no

Public access:  yes  no

Toilets are in separate compartments/stalls:  yes  no

Privacy partition provided for urinals:  yes  no

Floor drains:  yes  no  not applicable (reason) \_\_\_\_\_

Other plumbing

\*Water fountains: number provided \_\_\_\_\_  not applicable (state reason) \_\_\_\_\_

Indirect drain connections provided at food preparation sinks (including three compartment sink):

yes  no  not applicable (state reason) \_\_\_\_\_

19. Does this establishment now hold or will apply for an alcohol license?  yes  no

20. Does this establishment now or in the future plan to wholesale food products?  yes  no  
If yes, you must contact the Food and Drug Office at (225) 342-7533.  
If wholesale product is seafood contact the Seafood Office at (225) 342-7653.

**PLANS AND SPECIFICATIONS MUST BE APPROVED BEFORE CONSTRUCTION AND RENOVATION BEGINS.**

Louisiana Administrative Code Title 51, Part XXIII, Chapter 3, §307.A.

21. Is this establishment connected to a public water system?  
\_\_\_yes Name of System: \_\_\_\_\_  
\_\_\_no (must submit water well plans)
22. Is this establishment connected to a public sewer system?  
yes Name of System: \_\_\_\_\_  
no (must submit sewage system plans)
23. Grease trap provided or proposed for facility \_\_\_\_\_
24. What is the method of garbage/waste disposal? \_\_\_\_\_
25. If a dumpster pad is required, will hot and cold water be available to the site for cleaning and will a drain to the approved sewage system be available directly in the dumpster area?  yes  no
26. Will you be serving raw oysters? yes  no \_\_\_\_\_  
(Signature required)
27. **A MENU MUST BE SUBMITTED WITH THIS APPLICATION. PLEASE COMPLETE MENU ATTACHMENT A.**
28. **DAYS AND HOURS OF OPERATION:** \_\_\_\_\_
29. **FLOOR PLAN IS REQUIRED (HAND-DRAWN OR PROFESSIONALLY-DRAFTED )** Please attach the finish schedule for walls, ceilings and floors.
30. Louisiana law requires a Louisiana Food Safety Certification course for facilities preparing food. See requirements and exemptions link below.  
Has a Food Safety Certification course been scheduled?  yes; Date course taken: \_\_\_\_\_
31. I have received a copy of Act 66.  yes  no \_\_\_\_\_ (Signature required)

**PLANS AND SPECIFICATIONS MUST BE APPROVED BEFORE CONSTRUCTION AND RENOVATION BEGINS.** Louisiana Administrative Code Title 51, Part XXIII, Chapter 3, §307.A.

Date of Signature: \_\_\_\_\_

Signature of person preparing this form

Printed name and title of person preparing this form

***Contacts and important information:***

State Sanitarian located in the Parish you wish to operate: <http://new.dhh.louisiana.gov/index.cfm/page/394>

**It is recommended that you obtain a copy of Title 51 (Public Health - Sanitary Code) Part XXIII**

**Retail Food Operations:** <http://www.doa.la.gov/Pages/osr/lac/books.aspx>

Food Safety Certification Provider List and Application: <http://new.dhh.louisiana.gov/index.cfm/page/632/n/228>

Permits are not transferable. After permitting, any change in operation requires notification be made to the Louisiana Department of Health Environmental Office and may require submission of a modified plans review packet. Substantial renovation is defined in the definitions section of the Sanitary Code Retail Food Part XXIII.

