

Plans Review Questionnaire

(RFPRQ 8/2002)
Revised 9//2012

Date of Submission: _____

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 names: _____
7. Phone numbers of business owner: Home: (____) _____ Cell phone: (____) _____
Email address: _____
8. Owner of the real property (land and building): _____
Phone #: (____) _____ Cell #: (____) _____
9. Has the facility, for which this application is hereby made, been previously permitted by the Department of Health and Hospitals 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 you are applying for remain exactly the same as the previous business? ____ YES ____ NO
12. Name of responsible agent if different from business owner: _____
Phone #: (____) _____ Address: _____
13. Type of business:
 - () restaurant
 - () restaurant/bar
 - () bar
 - () grocery- Packaged only (chips and candy)
 - () grocery – deli (kitchen)
 - () mobile unit – prepackaged food only
 - () mobile unit – food preparation
 - () nursing home cafeteria
 - () group home – number of residents _____
 - () other – be specific _____
 - () seafood market
 - () meat market
 - () bakery
 - () hospital/clinic cafeteria
 - () day care/with food preparation

- 22. 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
- 23. Will you be serving raw oysters? (___)yes (___)no _____Signature required
- 24. **A MENU MUST BE SUBMITTED WITH THIS APPLICATION**
- 25. **HOURS OF OPERATION?** _____
- 26. **FLOOR PLAN IS REQUIRED (HAND DRAWN OR PROFESSIONALLY DRAFTED)**
- 27. Louisiana law requires a Louisiana Food Safety Certification course for facilities preparing food. See requirements and exemptions link below.
Has a Food Safety Certification been scheduled? ()yes() no

_____Date: _____
Signature of person preparing this form

Printed name 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>

Louisiana State Sanitary Code Part XXIII Retail Food Operations:
<http://doa.louisiana.gov/osr/lac/51v01/51v01.pdf>

Food Safety Certification Information: <http://new.dhh.louisiana.gov/index.cfm/page/633/n/232>

Obtain current forms and contact information regarding retail food establishments: www.eatsafe.la.gov