

ENVIRONMENTAL PUBLIC HEALTH DIVISION

APPLICATION FOR FOOD ESTABLISHMENT

Date: _____

Est. No.: _____

ESTABLISHMENT AND OWNER INFORMATION

Proposed Business Name: _____

Proposed Business Site Address: _____ City: _____ Zip Code: _____

Name to Enter on Permit (e.g., LLC, Inc.): _____

Name of Owner or Registered Agent (Individual): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Driver's License No.: _____ State: _____ Expiration: _____

Email Address: _____

Contact Information (if different from the permit holder):

Name: _____ Business Name: _____

Phone No.: _____ Alternate Phone No.: _____

Email Address: _____

All electronic media not picked up within 5 business days of plan approval will be destroyed or recycled

Complete each blank or mark N/A where applicable

*Incomplete applications will not be reviewed * Required information must be entered on application (**no attachments**)*

Plan Review Type

New Remodel or Addition Change of Ownership

Establishment Type (check all that apply)

Restaurant <input type="checkbox"/>	Full Service <input type="checkbox"/>	Fast Food <input type="checkbox"/>
Convenience Store <input type="checkbox"/>	Grocery Store <input type="checkbox"/>	Deli <input type="checkbox"/>
Meat/poultry <input type="checkbox"/>	Seafood <input type="checkbox"/>	Produce <input type="checkbox"/>
Caterer <input type="checkbox"/>	Child Daycare – no food prep <input type="checkbox"/>	Child Daycare <input type="checkbox"/>
Bar <input type="checkbox"/>	Adult Daycare – no food prep <input type="checkbox"/>	Adult Daycare <input type="checkbox"/>
School – Elementary <input type="checkbox"/>	School – Other <input type="checkbox"/>	Commissary <input type="checkbox"/>
Hospital <input type="checkbox"/>	Long Term Care/Assisted Living <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>
Snow Cone Stand <input type="checkbox"/>	Other: specify <input type="checkbox"/>	Other: specify <input type="checkbox"/>

Establishment Operation Details

Days of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation							

Maximum Meals/Persons to be Served per Day (approximate number)

Breakfast: _____ Lunch: _____ Dinner: _____ Total: _____

Number of Trained Food Managers on staff: _____ Number of Kitchen Staff: _____

What language(s) are spoken by the:

Owner(s) _____ Kitchen Staff _____ Trained Food Managers _____

Food Preparation and Storage

How often the following items will be delivered:

Dry goods _____ Refrigerated foods _____ Frozen foods _____

Specify in feet the interior dimensions of:

Dry Storage Room x x Dry Storage Room x x Dry Storage Room x x
 Space between shelves _____ Depth of shelves _____ Total linear feet of shelving _____

Where will chemicals and cleaning items be stored? _____

Specify in feet the interior dimensions of:

Walk in Cooler	<u> x x </u>	Walk in Cooler	<u> x x </u>	Walk in Freezer	<u> x x </u>
Walk in Cooler	<u> x x </u>	Walk in Cooler	<u> x x </u>	Walk in Freezer	<u> x x </u>
Walk in Cooler	<u> x x </u>	Walk in Cooler	<u> x x </u>	Walk in Freezer	<u> x x </u>
Walk in Cooler	<u> x x </u>	Walk in Cooler	<u> x x </u>	Walk in Freezer	<u> x x </u>

For each **refrigeration unit**, indicate the **type** (prep cooler, reach-in, etc.) and the amount of **useable space** inside (in cubic feet)

UNIT	Size	UNIT	Size

Will raw and ready to eat foods share the same refrigeration units? _____
 If yes, describe in detail the method to prevent cross-contamination _____

Will any of the foods on the menu be cooked and cooled before service? _____
 If so, what foods and how often? _____
 Please describe the method of cooling (be specific) _____

Finish Schedule

Indicate which materials will be used in the following areas using the key below

Area	Floor	Base	Walls	Ceiling	Remarks
Kitchen					
Restrooms					
Warewashing Area					
Dry Storage					
Mop Service Area					
Walk-in cooler/ freezer					
Bar					
Other					
Other					

QT = Quarry Tile **VCT** = Vinyl Tile **SC** = Sealed Concrete **RB** = Rubber Cove Base
SR = Sheet Rock **FRP** = Fiberglass Reinforced Panel **WCT** = Washable Ceiling Tile (vinyl faced)
SS = Stainless Steel **Other** = Specify on chart **CT** = Ceramic Tile

Water, Sewage and Plumbing

Is the water source public or private ?
 If public, what is the name of the Municipal Utility District (MUD)? _____
 Is the sewage disposal public or private ?
 If private, is the system approved by the Harris County Public Infrastructure Department (PID)? _____
 What is the capacity of the hot water heater? Gallons? _____ What is the kW or BTU? _____
 Will a tankless water heater be used? _____
 If yes, indicate the gallons per minute (GPM) from the specs _____
 What is the distance between the hot water heater and the farthest sink? _____
 Will a circulating pump or booster heaters be used? _____
 Number of 3-compartment sinks: _____ 3-compartment sink basin dimensions: _____ x _____ x _____
 Number of hand sinks: _____ Number of mop/service sinks: _____ Will a clothes washer be used? _____
 Will a dish machine be used? _____ Indicate the make and model: _____

For each **prep sink**, indicate **type** (vegetable, meat, seafood, etc.) and **number of compartments**

Prep sink #1		
Prep sink #2		
Prep sink #3		

Rule Deviation

Will any of the following processes be conducted:

Reduced Oxygen Packaging? Yes No

Vacuum Packaging? Yes No

Foods pickled or acidified before service? Yes No

Foods smoked or cured onsite? Yes No

Custom processing of raw meat in the establishment? Yes No

Live molluscan shellfish tank? Yes No

Sprouting seeds or beans in the establishment? Yes No

If the answer was "Yes" to any of the above questions, please explain in detail the foods and process involved:

BEFORE THIS APPLICATION WILL BE REVIEWED

A complete menu or list of foods to be served must be submitted in electronic PDF format.

The floor plan and food service equipment schedule must be submitted in electronic PDF format.

Applications will not be accepted by fax or email

I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

(TO BE COMPLETED BY A PRE-OPENING INVESTIGATOR)

<u>Status</u>	<u>Date</u>	<u>Insp. Number</u>
<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Returned for corrections	_____	_____

The following information is needed:

- Preopening check list Fire Marshall Inspection Certificate of Occupancy (city) _____ Food Managers Required
- Water utility letter Septic letter Well approval Texas Sales Tax ID

Comments: _____

(FOR OFFICE USE ONLY)

Receipt No.: _____ Payment Form: _____ Key Map: _____ District: _____

ENVIRONMENTAL PUBLIC HEALTH DIVISION

Pre-Opening Checklist

Name of Business: _____

Physical Address: _____ Contact Telephone No.: _____

E-Mail Address: _____

Responsible Person: _____

Before food operations may begin, a passing pre-opening inspection must be completed and the permit must be purchased. **Pre-opening inspections require a 10 day notice.** A re-inspection fee will be charged if an establishment does not meet requirements to obtain a permit application during the pre-opening inspection.

To schedule a pre-opening inspection, the following checklist must be completed and returned along with copies of **all required documents** to the Environmental Public Health Division. **Partial submittals will not be accepted.** Failure to submit all items at one time and complete construction according to the approved plans and finish schedules will result in the delay of opening your business.

Required Documents:

- 1. Water District Approval completely filled out and signed by the MUD representative OR approved well and septic information.
- 2. Certificate of Compliance, Fire Code Permit, Harris County Public Infrastructure Department (713) 956-3000 or approved Certificate of Occupancy from local jurisdiction.
- 3. A Trained Food Manager certificate of an employee employed at the establishment.
- 4. State of Texas Sales Tax Permit Taxpayer ID number.
This can be obtained at www.window.state.tx.us or 1-800-252-5555

Establishment Number
<i>(to be completed by Investigator)</i>

Building Requirements:

- 4. One set of approved plans on the job site.
- 5. All water service supplied, including hot water.
- 6. All plumbing completed and covered up.
- 7. All of the walls, floors, and ceilings completed including the installation of the cove base.
- 8. All utilities turned on, including gas and electricity.

All food establishments are required to have a trained manager on duty during all hours of operation. Only establishments that handle prepackaged food and do not prepare or package food are exempted from this requirement. A Trained Food Manager of the local establishment must be present during the pre-opening inspection or the permit application will not be issued.

Submit this completed form to: Environmental Public Health Division
Harris County Public Health and Environmental Services
FAX: 713-274-6375
planreview@hcphe.org

Food establishment rules may be found at: <http://www.dshs.state.tx.us/foodestablishments/rules.shtm> EPH Office: 101 S. Richey, Suite G, Pasadena, TX 77506 Phone: 713-274-6300

FAX:713-274-6375

www.hcph.org



Harris County
Public Health
Building a Healthy Community

Umair A. Shah, M.D., M.P.H.
Executive Director
2223 West Loop South
Houston, Texas 77027
Tel: (713) 439-6000
Fax: (713) 439-6080

Michael Scafffer, M.B.A.
Division Director
Environmental Public Health
101 South Richey, Suite G
Pasadena, TX 77506
Tel: (713) 274-6300
Fax: (713) 274-6375

Recommended Plan Review Tools

- [Harris County Fire Code Review](#)
- [Dry Storage Calculator](#)
- [Refrigeration Calculator](#)
- [Water Heater Calculator](#)

Umair A. Shah, M.D., M.P.H.
Executive Director
2223 West Loop South
Houston, Texas 77027

SAMPLE

This will be generated after your fee is processed



Michael Schaffer, MBA, CPO
Division Director
101 South Richey, Suite G
Pasadena, Texas 77506

ENVIRONMENTAL PUBLIC HEALTH DIVISION

APPLICATION FOR FOOD ESTABLISHMENT

Date: 09/29/2014

Est. No.: _____

ESTABLISHMENT AND OWNER INFORMATION

Proposed Business Name: Orlando's BBQ and Taqueria
Proposed Business Site Address: 1234 Main St. City: Houston Zip Code: 77040
Name to Enter on Permit (e.g., LLC, Inc.): Orlando's BBQ, LLC
Name of Owner or Registered Agent (Individual): Jose Smith
Mailing Address: 3447 Carlton Way
City: Pasadena State: Texas Zip Code: 77506
Phone No.: (713) 123-4567 Driver's License No.: 87654321 State: TX Expiration: 10/10/2018
Email Address: obroom2771633@yahoo.com.

Contact Information (if different from the permit holder):

Name: same as permit holder Business Name: _____
Phone No.: _____ Alternate Phone No.: _____
Email Address: _____

All electronic media not picked up within 5 business days of plan approval will be destroyed or recycled

Complete each blank or mark N/A where applicable

*Incomplete applications will not be reviewed * Required information must be entered on application (no attachments)*

Plan Review Type

New Remodel or Addition Change of Ownership

Establishment Type (check all that apply)

Restaurant	<input checked="" type="checkbox"/>	Full Service	<input type="checkbox"/>	Fast Food	<input checked="" type="checkbox"/>
Convenience Store	<input type="checkbox"/>	Grocery Store	<input type="checkbox"/>	Deli	<input type="checkbox"/>
Meat/poultry	<input type="checkbox"/>	Seafood	<input type="checkbox"/>	Produce	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	Child Daycare – no food prep	<input type="checkbox"/>	Child Daycare	<input type="checkbox"/>
Bar	<input type="checkbox"/>	Adult Daycare – no food prep	<input type="checkbox"/>	Adult Daycare	<input type="checkbox"/>
School – Elementary	<input type="checkbox"/>	School – Other	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Long Term Care/Assisted Living	<input type="checkbox"/>	Mobile Unit	<input type="checkbox"/>
Snow Cone Stand	<input type="checkbox"/>	Other: specify		Other: specify	

Hours can be tentative

Establishment Operation Details

Days of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation	closed	closed	10am-9pm	10am-9pm	10am-9pm	10am-11pm	10am-11pm

SAMPLE

Estimate the total persons served on a single day

Maximum Meals/Persons to be Served per Day (approximate number)

Breakfast: n/a Lunch: 40 Dinner: 40 Total: 80

Number of Trained Food Managers on staff: 2

Number of Kitchen Staff: 3

What language(s) are spoken by the:

Owner(s) english Kitchen Staff english/spanish Trained Food Managers english/spanish

How often do you replenish these foods?

Food Preparation and Storage

How often the following items will be delivered:

Dry goods once per week Refrigerated foods once per week Frozen foods once every 2 weeks

Specify in feet the interior dimensions of:

Measure area in feet (length x width x height)

Dry Storage Room 8ft x 10ft x 8ft Dry Storage Room x x Dry Storage Room x x
Space between shelves 2ft Depth of shelves 24 inches Total linear feet of shelving 48ft

Count the TOTAL feet for ALL shelves

Where will chemicals and cleaning items be stored? under 3 compartment sink

No walk-in cooler or freezer? Put N/A. Otherwise, write down the inside measurements in feet (length x width x height)

Specify in feet the interior dimensions of:

Walk in Cooler 8ft x 8ft x 6ft Walk in Cooler x x Walk in Freezer x x
Walk in Cooler x x Walk in Cooler x x Walk in Freezer x x
Walk in Cooler x x Walk in Cooler x x Walk in Freezer x x
Walk in Cooler x x Walk in Cooler x x Walk in Freezer x x

Have coolers? Write down the useable space for EACH in cubic feet

For each refrigeration unit, indicate the type (prep cooler, reach-in, etc.) and the amount of useable space inside (in cubic feet)

UNIT	Size	UNIT	Size
TRUE reach in cooler	8 cubic feet		
TRUE chest freezer	10 cubic feet		
TRUE 2 door cooler	22 cubic feet		

Will raw and ready to eat foods share the same refrigeration units? YES

If yes, describe in detail the method to prevent cross-contamination raw meats and raw eggs will be stored under ready to eat foods and separated from one another to prevent cross-contamination.

Will any of the foods on the menu be cooked and cooled before service? YES

If so, what foods and how often? Brisket. Every 3 days.

Please describe the method of cooling (be specific) any leftover brisket will be sliced into thin slices and spread on sheet pan and will be placed inside walk in cooler

SAMPLE

Finish Schedule

Indicate which materials will be used in the following areas using the key below

Area	Floor	Base	Walls	Ceiling	Remarks
Kitchen	VCT	RB	FRP AND WASHABLE PAINT	WCT	
Restrooms	VCT	RB	CT	SHEETROCK - WASHABLE PAINT	
Warewashing Area	VCT	RB	FRP AND WASHABLE PAINT	WCT	
Dry Storage	VCT	RB	SHEETROCK - WASHABLE PAINT	WCT	
Mop Service Area	VCT	RB	FRP	WCT	
Walk-in cooler/ freezer	SS	SS	SS	SS	METAL (may be aluminum)
Bar	N/A	N/A	N/A	N/A	
Other	N/A	N/A	N/A	N/A	
Other	N/A	N/A	N/A	N/A	

If you have a different material from the items listed below, please note it here

- QT = Quarry Tile VCT = Vinyl Tile SC = Sealed Concrete RB = Rubber Cove Base
- SR = Sheet Rock FRP = Fiberglass Reinforced Panel WCT = Washable Ceiling Tile (vinyl faced)
- SS = Stainless Steel Other = Specify on chart CT = Ceramic Tile

If BTU's, this can range from 10,000 to more than 500,000. If kW, this can range from 4.5kW to more than 90kW. You can also Google the specs if you have the make and model

Can't find your MUD? Go to www.hcad.org, put your address and look up your MUD under exemptions and jurisdictions.

Is the water source public or private ?

If public, what is the name of the Municipal Utility District (MUD)? Harris county MUD # 103

Is the sewage disposal public or private ?

If private, is the system approved by the Harris County Public Infrastructure Department (PID)? _____

What is the capacity of the hot water heater? Gallons? 50 What is the kW or BTU? 99,000 BTU's

Will a tankless water heater be used? no

If yes, indicate the gallons per minute (GPM) from the specs n/a

What is the distance between the hot water heater and the farthest sink? 30 ft

Will a circulating pump or booster heaters be used? no

Number of 3-compartment sinks: 1 basin dimensions: 18in x 18in x 16in 3-compartment sink basin dimensions: x x

Number of hand sinks: 4 Number of mop/service sinks: 1 Will a clothes washer be used? no

Will a dish machine be used? no Indicate the make and model: n/a

For each prep sink, indicate type (vegetable, meat, seafood, etc.) and number of compartments

Prep sink #1	vegetable	1
Prep sink #2		
Prep sink #3		

Count ALL sinks, including the restroom hand sinks

Rule Deviation

Will any of the following processes be conducted:

Reduced Oxygen Packaging? Yes No

Vacuum Packaging? Yes No

Foods pickled or acidified before service? Yes No

Foods smoked or cured onsite? Yes No

Custom processing of raw meat in the establishment? Yes No

Live molluscan shellfish tank? Yes No

Sprouting seeds or beans in the establishment? Yes No

If the answer was "Yes" to any of the above questions, please explain in detail the foods and process involved:

BEFORE THIS APPLICATION WILL BE REVIEWED

A complete menu or list of foods to be served must be submitted in electronic PDF format.

This can be a list of food items you will serve. It does not have to include prices.

The floor plan and food service equipment schedule must be submitted in electronic PDF format.

Applications will not be accepted by fax or email

Make sure we have a signature of the owner

I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.

Signature: _____ Printed Name: Jose Smith

Title: Owner Date: 09/29/2014

(TO BE COMPLETED BY A PRE-OPENING INVESTIGATOR)

Status	Date	Insp. Number
<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Returned for corrections	_____	_____

The following information is needed:

- Preopening check list
- Fire Marshall Inspection
- Certificate of Occupancy (city) _____ Food Managers Required
- Water utility letter
- Septic letter
- Well approval
- Texas Sales Tax ID

Comments: _____

(FOR OFFICE USE ONLY)

Receipt No.: _____ Payment Form: _____ Key Map: _____ District: _____