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**APPLICATION FOR FOOD ESTABLISHMENT**

Date: \_\_\_\_\_

Est. No.: \_\_\_\_\_

**ESTABLISHMENT AND OWNER INFORMATION**

Proposed Business Name: \_\_\_\_\_

Proposed Business Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

HCAD Number: (found at [www.hcad.org](http://www.hcad.org)) \_\_\_\_\_

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  
 This application is VALID for ONE year after the plan review fee is processed**

**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"/>	Snow Cone Stand	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Long Term Care/Assisted Living	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Food (cuisine) Type – examples: American, Mexican, Italian, etc.**

Email: [planreview@phs.hctx.net](mailto:planreview@phs.hctx.net)

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Harris County  
**Public Health**  
 Building a Healthy Community

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**Establishment Operation Details**

<b>Days of Operation</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours of Operation</b>							

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

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Certified Food Managers on staff: \_\_\_\_\_ Number of Kitchen Staff: \_\_\_\_\_

What language(s) are spoken by the:

Owner(s) \_\_\_\_\_ Kitchen Staff \_\_\_\_\_ Certified Food Managers \_\_\_\_\_

**NOTE: All food employees are required to obtain a Food Handler's Certification.**

**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   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  

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) \_\_\_\_\_

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**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					

**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)? \_\_\_\_\_  
 Type of water heater:  
 Gas w/ tank      BTUs       Electric w/ tank      Total Watts  
 Tankless      Gallons per minute at 70°F rise      Indicate the make and model:  
 Will a circulating pump or booster heaters be used? \_\_\_\_\_  
 Number of \_\_\_\_\_ 3-compartment sink      3-compartment sink  
 3-compartment sinks: \_\_\_\_\_ **basin** dimensions: \_\_\_\_\_ x \_\_\_\_\_      **basin** dimensions: \_\_\_\_\_ x \_\_\_\_\_  
 Number of hand sinks: \_\_\_\_\_ Number of mop/service sinks: \_\_\_\_\_ Will a clothes washer be used? \_\_\_\_\_  
 Will a dish machine be used? \_\_\_\_\_ Indicate make/model/GPH: \_\_\_\_\_  
 For each **prep sink**, indicate **type** (vegetable, meat, seafood, etc.) and **number of compartments**

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

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**Rule Deviation**

**Will any of the following processes be conducted:**

- Non-continuous cooking? Yes  No   
Time as a Public Health control? Yes  No   
Bare hand contact? Yes  No   
Sous Vide? Yes  No   
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 provide a plan that explains the foods and process involved:

**BEFORE THIS APPLICATION WILL BE REVIEWED**

**A complete menu or list of foods AND floor plan to include service equipment schedule must be submitted in pdf format (flash drive or USB ONLY).**

**A copy of owner's valid/current U.S. issued photo ID must be submitted.**

Applications will not be accepted by fax or email. Plan Review fees are **non-refundable**. Please ensure Harris County Public Health is your regulatory jurisdiction before the fee is paid.

*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 & CSI     Septic letter     Well approval     Texas Sales Tax ID

Comments: \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

Receipt No.: \_\_\_\_\_ Payment Form: \_\_\_\_\_ Key Map: \_\_\_\_\_ District: \_\_\_\_\_

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