



Virginia L. Headley, PhD, Interim Executive Director  
Teresa M. Galindo, MPH, CPH, RS, EHS Division Director

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_\_\_NEW \_\_\_\_\_REMODEL \_\_\_\_\_NEW OWNER

Check all applicable:

Restaurant      Retail Food Market      Childcare      Hospital      Long Term Care

**\* All blanks must be filled in. If not applicable, indicate with N/A and reason why it does not apply to your establishment**

Name of Establishment: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Owner Contact Telephone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Hours of Operation: Days: \_\_\_\_\_

Times: \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Certified Food Manager: \_\_\_\_\_

**\*\*\* All Food Establishments must have at least one employee who meets the definition of a Certified Food Manager (CFM). Their current CFM Certificate must be posted in sight of customers.**

**Water and Wastewater service**

Wastewater

Is establishment served by public sewer?                      YES                      NO

If a private wastewater disposal system (On-Site Sewage Facility (OSSF)) serves this site, provide permit number: \_\_\_\_\_

**If there is an existing OSSF** you must contact the Williamson County Road and Bridge Department. Information regarding requirements for an OSSF may be found on their website at <http://www.wilco.org/ossf>, or you may contact them at 512-943-3330.

**If installing a new OSSF**, the system must be approved for use before the food permit will be issued. Approval of your kitchen plans does not constitute approval for use of the facilities.

Water Source:                      public water supply                      private (well)

If private, has the appropriate license been obtained?                      YES                      NO

**Enclose the following documents:**

- **Complete Menu** (include seasonal, off-site, banquet, all special menus)
- **Plan** drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation. Equipment must be identified on the plans or by use of a numbering system and identified on a separate list.

**Variance request:** A variance request must be submitted and approved before WCCHD will consider modifying or waiving food preparation and/or handling requirements. Submission of a variance request does not guarantee approval. You may not offer any modified product for public consumption until you have received written approval from Williamson County and Cities Health District (WCCHD).

A variance request is required for any modification of the Texas Food Establishment Rules (TFER). Please indicate which of the following processes, if any, your business utilizes:

- YES    NO    Curing;
- YES    NO    Smoking as a method of food preservation rather than flavor enhancement;
- YES    NO    Using food additives such as vinegar for the preservation of the food rather than flavor enhancement or to render food so that it no longer requires Time and Temperature Control for Safety (TCS);
- YES    NO    Packaging food using reduced oxygen packaging method except where a barrier to clostridium botulinum in addition to refrigeration exists;
- YES    NO    Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption;
- YES    NO    Custom processing animals that are for personal use as food and not for sale or service in a food establishment;
- YES    NO    Preparing food by another method that is determined by the regulatory authority to require a variance; or
- YES    NO    Sprouting seeds or beans in a retail food establishment.

If you are using any of the above processes please explain: \_\_\_\_\_

\_\_\_\_\_

**\*Cold Storage**

Number of Refrigeration Units \_\_\_\_\_ Number of Freezer Units \_\_\_\_\_

Is a bulk ice machine available?      YES              NO

Will there be onsite bagging of ice for sale to the public?      YES              NO

If "YES", have you obtained a Manufactured Food Permit from the Texas Department of State

Health Services?      YES              NO

**\*Cooking**

Cooking appliances to be utilized in this facility (number and type of units):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Hot / Cold Holding**

Will TCS foods be held for service?      YES              NO

Indicate type and number of hot/cold hold units to be utilized:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cooling Down TCS Foods**

Will TCS foods that are cooked to the required temperature be cooled down and reheated for

service at a later date?      YES              NO

If "YES", describe your cooling process, including what utensils and equipment will be used for

this process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Garbage and Refuse**

**Inside**

Number of trash receptacles provided \_\_\_\_\_

**Outside Dumpsters / Garbage Cans**

Number: Dumpsters \_\_\_\_\_ Cans \_\_\_\_\_

Size Dumpsters \_\_\_\_\_ Cans \_\_\_\_\_ gal.

Frequency of pick/up \_\_\_\_\_

**Water Supply**

Capacity of hot water heater(s) is sufficient to maintain availability at all times:

Tank \_\_\_\_\_ Gal.

Tankless \_\_\_\_\_ GPM

**Waste Disposal**

YES NO At least one (1) service sink or one (1) curbed cleaning facility equipped with a floor drain will be provided and conveniently located.

**Dishwashing Facilities**

YES NO At least one three compartment sink will be installed

YES NO a commercial mechanical dishwasher will be installed

If yes, what type of sanitizer system will be utilized: \_\_\_\_\_ hot water \_\_\_\_\_ chemical

YES NO Single use utensils be used \_\_\_\_\_ all the time \_\_\_\_\_ most of the time \_\_\_\_\_ never

**Handwashing / Toilet Facilities**

YES NO A hand washing sink will be located in all food preparation and warewashing areas.

YES NO Hand drying facilities will be installed at all handwashing sinks

YES NO Covered waste receptacles will be available in all restrooms

YES NO Hot and cold running water under pressure will be available at all sinks

YES NO All doors of toilet rooms located inside the food establishment will be self-closing

YES NO Self-closing metering faucets will provide a flow of water for at least 15 seconds without the need to reactivate the faucet.

YES NO Handwashing sinks, including restrooms, will have a mixing valve or combination faucet

**The review process will begin when all required information has been submitted and fees paid for this application.**

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the WCCHD Retail Food Program may nullify final approval.

Projected Completion Date: \_\_\_\_\_ Projected Date of Opening: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

\_\_\_\_\_ \$ 250.00  
Date Received Amount Paid

Permit FFA # \_\_\_\_\_ Receipt # \_\_\_\_\_

Plan Review Fee Paid YES NO Permit Fee Paid YES NO

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Check # \_\_\_\_\_ Money Order # \_\_\_\_\_