

ENVIRONMENTAL HEALTH DEPARTMENT

815 N. BROADWAY AVE. * TYLER, TX 75702 * PHONE: (903)-535-0037 * FAX: (903)592-0413
 WEB: WWW.MYNETHEALTH.ORG * EMAIL: ENVIRONMENTALHEALTH@NETPHD.ORG

**RETAIL FOOD PLAN REVIEW APPLICATION**

Completion of this form does not constitute authorization to open an establishment.

All establishments must be inspected and permitted prior to operation.

***** Incomplete applications can result in delays in processing *****

A Plan Review Fee is required for EACH application and is based on square footage.

New Construction, Conversion, Or A Change of Owner with Modifications to Menu, Concept, or Equipment Layout	
0-999 Square Foot	☐ \$175.00
1,000-4,999 Square Foot	☐ \$200.00
5,000-24,999 Square Foot	☐ \$400.00
25,000 plus square feet	☐ \$600.00
Change of Ownership- No changes to menu, concept, or equipment layout	☐ \$175.00
Major Remodel of existing permitted facility	☐ \$175.00

Purpose of Application:

☐ New Construction ☐ Major Remodel ☐ Change of Service ☐ Change of Ownership

Project Start Date	
Project Completion Date: <i>When do you want to be permitted by?</i>	

Site Type: (Check all that apply)

Restaurants/Retail Food Store	Health Care/ School/Institution
☐ Full Service ☐ Fast Food ☐ Commissary	☐ School ☐ Youth Camp
☐ Bakery/Donut Shop ☐ Catering Service	☐ Medical Facility ☐ Hotel
☐ Beverage Service/Bar ☐ C-Store	☐ Athletic Complex ☐ Resort ☐ Golf Club
☐ Grocery Store ☐ OTHER: _____	☐ Institutional Corrections Facility ☐ Church
	☐ OTHER: _____

Property Address Information:

Physical Address:		
Sewage System	Public: ☐	Name of Water Company:
	Private: ☐	TCEQ Permit #
Water System:	Public: ☐	Name of Sewer Company:
	Private: ☐	D.R. Permit #
Grease Trap:	Size (gal):	Location: ☐ Inside: <i>Prior approval required</i> ☐ Outside

Property Owner Information:

This section is intended to capture specific information related to the property owner information. The information provided is used to discuss property detail or lease arrangements during the plan review process.

Name:	
Mailing address:	
Email:	
Phone Number:	
Fax:	

Business Information:

This section should provide the details for the business owner conducting food service operations within this establishment. "Business Name" should be the name of the food establishment or DBA. The "Business Owner" is the legal name of the business owner filed with the State or County Clerk.

Business Name (DBA):		*NOTE: The information that is entered "billing address" should be the address in which you want all invoices and administrative communication to go to.
Phone number:		
Mailing Address:		
Website:		
Email:		
Business Owner Name:		*Ownership paperwork & Tax ID or Non-Profit Documents must be submitted prior to final approval of the permit.
Billing Address:		
Ownership Type:	☐ Individual/Partnership ☐ LLC/INC ☐ Non-Profit	
Tax Identification:	☐ Retail Sales Tax ☐ Federal EIN ☐ Proof of Non-Profit	

Applicant Information:

Applicant Name:	
Affiliation (Contractor, Owner, Manager, ETC):	
Telephone Number:	
Alternate Telephone Number:	
Email:	

Required Supporting Documentation that must be submitted with the application:

Refer to District Order 2023-1 for specific requirements within NET Health's Jurisdiction or www.MyNETHealth.org or other guidance

☐ **Floor Plans** – a computer drafted professionally drawn to scale diagram or drawing of a room or building drawn as if seen from above. **Please ensure to include Equipment schedules; finish schedules; plumbing and calculations, along with any other information to complete a proper plan review.** Floor Plans must be at minimum 11-inch x 17-inch paper. Floor Plans formatted on paper larger than 11-inch x 17-inch paper must be submitted on an electronic copy. All Floor Plans must be scaled. **No hand drawings accepted.**

☐ **Detailed Menu** – Your menu must list all types of consumable foods & beverages offered. The more detailed your menu is the better. Please ensure to list any food products that contain any major food allergens, and seasonal items. The menu and the way in which you prepare your food will help the plan reviewer determine what equipment will be required in the facility and help guide your business to ensure success and to ensure the consumer is served a safe honestly presented product.

Food Establishment Operating Details

Be advised that this section of the application should be filled out by the operator themselves. This helps the plan reviewer gain insight into how your facility will operate so that we can help ensure that your business is successful and compliant with the food code and to ensure public health and safety.

Is the facility open year-round?	☐ Yes ☐ No
Days of operation?	☐ 0-3 days per week ☐ 4-7 days per week
Meals to be served?	☐ Breakfast ☐ Lunch ☐ Dinner
Number of staff per shift?	☐ 0-3 ☐ 4-7 ☐ 8-10 ☐ 11-15 ☐ 16-25 ☐ >26
Number of managers on staff?	☐ 0-2 ☐ 3-5 ☐ 6-10
Number of Restrooms?	
Total Square Footage of all food service areas?	
Restaurant Seating Capacity?	
Food Supplier(s)? <i>(please provide name(s))</i>	
Frequency of food supply deliveries?	
Type of Service (check all that apply)	☐ On-site consumption ☐ Off-site consumption ☐ Catering ☐ Ghost Kitchen ☐ Manufacturing or Wholesale ☐ Commissary ☐ Other: _____

Food Safety Risk Assessment:

Highly Susceptible Population is an establishment who primarily serves clients that are immunocompromised, preschool-age children, elderly, or provides food service to individuals at a facility that provides services such as custodial care, health care, assisted living, nursing home, child or adult day care center, hospital, senior center, etc.

1) Will you be serving a highly susceptible population? ☐ Yes ☐ No

“TCS” means it requires Time and Temperature control for safety or perishable food products.

2) Are TCS foods or beverages items served to customers? ☐ Yes ☐ No

3) Are TCS food items prepared only in individual portions (receive, prep, serve)? ☐ Yes ☐ No

4) Are TCS food items served from a customer self-service bar or buffet? ☐ Yes ☐ No

5) Are TCS items cooked or reheated? ☐ Yes ☐ No

6) Are TCS items prepared from raw non-frozen ingredients? ☐ Yes ☐ No

7) Are TCS items prepared in a batch and held before service (cook/reheat, hold, serve)? ☐ Yes ☐ No

8) Are TCS items extensively handled with multiple-step prep (cook, cool, reheat) or special process? ☐ Yes ☐ No

9) What is the average number of meals you serve or plan to serve per day? ☐ <150 ☐ 151 – 400 ☐ >401

Operational Questions

Receiving

- 1.) How will your facility receive food products from the food supplier? ☐ Fresh ☐ Frozen ☐ Both
2.) How will produce be received? ☐ Pre-cut, Pre-washed ☐ Fresh (whole not washed or cut)

Storage

Will you store raw proteins in the same refrigerator and freezers with ready to eat foods? ☐ Yes ☐ No

Preparation

Will Frozen Foods be thawed? ☐ No ☐ Yes If, yes what methods are used to thaw? **Select all that apply.**

☐ Refrigeration ☐ Running water ☐ Microwave ☐ Cooked from frozen state (example: freezer to fryer)

Will you hot/cold hold TCS foods prior to serving? ☐ Yes ☐ No or ☐ Time as a public health control. If you will use Time as a Public Health Control (i.e. a 4- or 6-hour rule) **please attach your written policies and procedures for review and approval. Attachment required for Time as a Public Health Control**

☐ Written policy ☐ Written Procedure ☐ Specify Foods Using Time Control For _____
_____.

Will you actively cool food products? ☐ Yes ☐ No

Will you use a standard date marking policy (i.e. 7 days)? ☐ Yes ☐ No

Will you reheat TCS food products? ☐ Yes ☐ No

Will you conduct any Special Process requiring Variance or HACCP? **See page 6** ☐ Yes ☐ No

Service

What type of service ware will the facility use? ☐ Single-use utensils ☐ multi-use utensils ☐ both

Warewashing

Will the largest piece of equipment and/or utensil fit into each compartment of the 3-compartment sink?

☐ Yes ☐ No ☐ If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments?

What type of Sanitizer will be used? ☐ Chlorine ☐ Quaternary (QT) ☐ Other (specify) _____

Describe Location and type of air-drying space. **Select all that apply.**

☐ Drainboards ☐ wall-mounted or overhead shelves ☐ Stationary or portable racks

Laundry Facilities.

Where will your linens (such as your aprons, wiping cloths, etc) be washed?

☐ Onsite ☐ Contract with Commercial Service ☐ Disposable Only

Water Supply

Will ice be? ☐ Made On-Site ☐ Purchased or ☐ Not Used

Will ice be bagged and sold? ☐ Yes ☐ No

Will all potable water sources be protected for backflow? ☐ Yes ☐ No

Storage and Utility Areas

Do you have a designated area for employee storage and is it identified on the floor plan? ☐ Yes ☐ No

Where will you store any toxic materials, sanitizing solutions, and any other poisonous or toxic materials?

Select all that apply. ☐ Area identified on floor plan away from food ☐ Dry storage area ☐ under prep tables
in sanitizing buckets ☐ Other (specify fill in blank) _____

Refuse, Recyclables, and Returnables.

Identify how and where garbage cans and floor mats will be cleaned? _____

Do you have a designated area to store returnable damaged goods? ☐ Yes ☐ No

Pest Control. Select all methods of pest exclusion and prevention used

☐ Outside doors will be self-closing and rodent proof ☐ Insect Control Devices

☐ All Entrances Left Open to the Outside will be screened ☐ Air Curtains

☐ Openable windows will have a minimum #16 mesh screening? **Note: If you have a pit room it must be enclosed with at least a #16 mesh screen**

Policies ****The following written policies/procedures are required. ** If you do not have these written policies, access to guidance documentation for each can be obtained from NET Health.**

Please select each to indicate that you have these written policies and procedures. If you do not have them, please reference the link to acquire guidance documentation for each policy.

- 1.) ☐ Contamination Event (Bodily Fluid) Policy & Cleanup Kit.
- 2.) ☐ Employee health Policy, Employee Reporting Agreement & Sign to Employees
- 3.) Imminent Hazard Response Plan. **Select an option**

☐ Establishment will Close if Imminent Hazard is present

☐ Establishment will develop an Operation Plan. **NOTE: prior approval required before implementation.**

If applicable please indicate that you have the following. If not or you do not know if you need it ask NET Health for more detail on requirements.

- 1.) ☐ Allergen Notification & Signage
- 2.) ☐ Consumer Advisory for Undercooked Animal Proteins

This next section is used to determine whether a facility uses any special processes and helps the plan reviewer determine whether additional policies and procedures such as a HACCP plan are required. If so, it can be subject to a variance request form and additional plan review.

Special Processes questionnaire	
Will you be smoking food for preservation	☐ Yes ☐ No
Curing food	☐ Yes ☐ No
Food additives/adding components for preservation	☐ Yes ☐ No
Live molluscan shellfish tank	☐ Yes ☐ No
Custom processing animals	☐ Yes ☐ No
Reduced oxygen packaging and/or sous vide	☐ Yes ☐ No
Juicing	☐ Yes ☐ No
Other food/beverage special processes	☐ Yes ☐ No
Pets on the patio (no HACCP plan required only a variance.)	☐ Yes ☐ No
Harvesting Wild Mushrooms	☐ Yes ☐ No
sprouting seeds/beans	☐ Yes ☐ No
Other special processes that require prior approval/review	
Will you use Time as a Public Health Control (TPHC) (i.e., 4 and/or 6-hour rule)	☐ Yes ☐ No

Acknowledgement and Signature

I understand by submitting this application that I will comply with all local, state, and federal laws and code requirements. I also understand that by submitting this application all information and supporting documentation/attachments are correct to the best of my knowledge and I will submit and comply with any revisions needed by NET Health to ensure that all local, state, and federal requirements are followed therein throughout this plan review process.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

The links below are a few examples of available resources for applicants to gain more information and guidance on the plan review and permitting process for retail food establishments.

NET Health official website www.mynethealth.org/environmentalhealth

Conference For Food Protection Guidance Document Link <http://www.foodprotect.org/guides-documents/>

U.S. Food and Drug Administration Food Establishment Plan Review Guide <https://www.fda.gov/food>

Texas Department of State Health Services <https://www.dshs.texas.gov/retail-food-establishments>

Texas Restaurant Association <https://www.txrestaurant.org>

FOR OFFICE USE ONLY

Application Receipt

Date Received: _____		Pmt. Method: _____		Amt. Owed: \$ _____		Amendment Fee: \$20 _____							
Received By: ☐ Mail		☐ In Person		☐ Online		Date Entered _____		Permit #: _____					
Menu: _____		CFM: _____		Sales Tax ID: _____		Fed. EIN: _____		501(c)(3): _____		DL/ID for personal check: _____		Ownership Info: _____	
Floor Plan Rec'd: _____		Rev. Floor Plan Req.: _____		Floor Plan Approved: _____									

Plan Review Process

Reviewed with Operator on (date): _____ Reviewer: _____

☐ APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist

☐ NOT APPROVED – Reason: _____

Date Plan Review Completed & Issued to Inspector: _____ Assigned To: _____