



## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

### NEW FOOD ESTABLISHMENT

#### Permit Fees

A plan review is required for all new establishments prior to opening. An existing establishment must submit a plan review before construction, remodeling, or conversion is started.

Plan Review ..... \$55.00  
Permit Application ..... \$120.00

**Note:** Failure to complete any question on this application in its entirety may result in the delay of your pre-opening inspection.

### ESTABLISHMENT INFORMATION

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

DBA Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

### BILLING INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Billing / Permitting Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

## BUSINESS OWNER INFORMATION

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

Address: \_\_\_\_\_ City:

\_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business

Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone:

\_\_\_\_\_ Email Address: \_\_\_\_\_ Preferred

Contact Method: \_\_\_\_\_ Seating

Capacity: \_\_\_\_\_ Number of Floors on which operations are conducted: \_\_\_\_\_ Maximum Meals to be served (approximate number):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service: (check all that apply)

Sit Down Meals  Take Out  Caterer  Mobile Vendor  Other \_\_\_\_\_

## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Please enclose the following documents:

1. Provide plans of food establishment that show the location of equipment, plumbing, electrical services and mechanical ventilation. Plans should have all sinks and equipment labeled. Plans should be legible, and equipment should be easily identifiable. *Note: engineered plans are not required. Plans may be hand drawn.*
2. Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, well, septic system if applicable).
3. Proposed Menu (including seasonal, off-site and banquet menus).

## WATER SUPPLY

1. Water supply is:

public  private

2. If private, has source been tested?

Yes  No  Pending (Please attach copy of written approval and/or permit.)

2. Ice is made:  
 on premises       purchased commercially

Describe provision for ice scoop storage: \_\_\_\_\_  
 \_\_\_\_\_

**SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer?  
 Yes       No

If no, is private disposal system permitted?  
 Yes       No       Pending (Please attach copy of written approval and/or permit.)

**FINISH SCHEDULE**

The finishes of the floors, walls, and ceilings in food establishments shall be smooth, durable, easily cleanable, and be non-absorbent in areas exposed to moisture. Floor wall junctures shall be covered. Applicant must indicate which materials (quarrytile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage Toilet				
Rooms				
Mop service basin area				
Ware washing area				
Walk-in refrigerators and freezers				

**SINK REQUIREMENTS AND BACK FLOW PREVENTION**

- Is a mop sink present?  
 Yes       No
- If the menu dictates, is a food preparation sink present?  
 Yes       No
- Are back-flow prevention devices installed on any water supply where a hose can be connected?  
 Yes       No
- Is there an air gap separating the faucet and the flood rim on all sinks?  
 Yes       No
- Is there an air gap on all ware washing machines / sinks, ice machines, food preparation sinks and dipper wells?  
 Yes       No

## HAND WASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area?  
 Yes       No
2. How many hand sinks will be available in the establishment (excluding restroom sinks)? \_\_\_\_\_
3. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
 Yes       No
4. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  
 Yes       No
5. Is hot and cold running water under pressure available at each hand washing sink?  
 Yes       No
6. Is hand soap available at all hand washing sinks?  
 Yes       No
7. Are mounted hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?  
 Yes       No
8. Are all hand sinks provided with disposable towels also equipped with a waste receptacle?  
 Yes       No
9. Is a hand washing sign posted at each hand washing sink?  
 Yes       No
10. Are all toilet room doors self-closing?  
 Yes       No
11. Are all toilet rooms equipped with adequate ventilation?  
 Yes       No
12. Are covered waste receptacles available in the women's restroom?  
 Yes       No

## DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing? **Note: a three compartment sink is always required in a facility that cleans food utensils/equipment even when a dishwasher is provided (4-301.12).**  
 Dishwasher       Three Compartment sink
2. Does the largest pot or pan fit into each compartment of the three compartment sink?  
 Yes       No
3. Dishwasher (**must be commercial grade**).  
Type of sanitization used:  
 Hot water (temp. provided)       Booster heater       Chemical type: \_\_\_\_\_
4. Do all dish machines have temperature/pressure gauges or heat test strips as required that are accurately working?  
 Yes       No

5. Do all sinks located near food preparation or food storage areas have appropriate splash guards installed?

- Yes     No

6. Are there drain boards on the 3-compartment sinks and or adequate drying space?

- Yes     No

7. What type of sanitizer is used? (check all that apply)

- Chlorine     Quaternary ammonium     Hot water     Other \_\_\_\_\_

8. Are test papers and/or kits available for checking sanitizer concentration?

- Yes     No

## INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing and rodent proof?

- Yes     No     N/A

2. Are screen doors provided on all entrances left open to the outside?

- Yes     No     N/A

3. Air curtains or screens are required for open air concepts. Which type will you have?

- Air curtains     Screens     N/A

4. Is area around building clear of unnecessary brush, litter, boxes and other harborage?

- Yes     No     N/A

5. Will you have an "open air" concept?

- Roll up doors/windows     Nano doors     Large windows     Other

## GARBAGE AND REFUSE

1. Will a dumpster be used?

- Yes     No     N/A

Frequency of pick up: \_\_\_\_\_

2. Is dumpster equipped with a tight fitting lid(s) and drain plug?

- Yes     No     N/A

3. Describe surface and location where dumpster/compactor/garbage cans are to be stored: \_\_\_\_\_  
\_\_\_\_\_

4. Describe location of grease storage receptacle: \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYEES/PERSONNEL

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? *An example can be found at [www.capecountyhealth.com](http://www.capecountyhealth.com)*

- Yes       No

2. Please briefly describe or attach: \_\_\_\_\_  
\_\_\_\_\_

3. Is there a designated storage area for employees' personal belongings (i.e. purse, coat, boots umbrella, etc.):

- Yes       No

Any employee that prepares, handles, dispenses food for human consumption, or comes into contact with food or food preparation utensils at any food establishment is required to obtain a basic food handler certificate within **sixty days** of commencement of employment.

Managers must complete a manager food safety training such as ServSafe or State Food Safety. You may obtain a Cape Girardeau County Food Handler Permit online at [www.capecountyhealth.com](http://www.capecountyhealth.com) or you may take a classroom course by contacting the Cape Girardeau County Public Health Center at 573-335-7846 or visit [www.capecountyhealth.com](http://www.capecountyhealth.com).

Describe procedure for insuring employees obtain food handler training: \_\_\_\_\_  
\_\_\_\_\_

## FOOD SUPPLIES

1. Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (3-201.11). Are all food supplies from inspected and approved sources?

- Yes       No

List Suppliers: \_\_\_\_\_

2. What are the projected frequencies of deliveries for: (ex. once per week)

Frozen foods \_\_\_\_\_ Refrigerated foods \_\_\_\_\_ Dry goods \_\_\_\_\_

## COLD FOOD STORAGE

1. Does each refrigerator/freezer have an internal thermometer that is accurate to within  $\pm 3^{\circ}$  F?

- Yes       No

2. Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

3. Are refrigeration units in good repair (door gaskets sealing properly, easy to clean surfaces)?

- Yes       No

## FOOD PREPARATION

1. Bare hand contact with ready-to-eat foods is prohibited. Describe bare hand contact policy:

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

Check all that apply:

- Gloves  
 Utensils  
 Food grade paper  
 Other \_\_\_\_\_

2. Do you have a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority?  
 Yes     No     N/A
3. A variance application is required for a HACCP Plan. Please check all processes you will be doing.
- |  |  |
|--|--|
| <input type="checkbox"/> Custom processing for person use      | <input type="checkbox"/> Sprouting seeds or beans                        |
| <input type="checkbox"/> Smoking food for preservation         | <input type="checkbox"/> Curing food                                     |
| <input type="checkbox"/> Acidification for preservation        | <input type="checkbox"/> Reduced oxygen packaging (ex. vacuum packaging) |
| <input type="checkbox"/> Mulloscan shellfish life support tank | <input type="checkbox"/> Other   |

## COOKING

1. A bimetallic stemmed thermometer that can check temperatures between 0° F and 220° F must be provided to check food temperatures. Is a thermometer that meets these criteria available?  
 Yes     No

### Raw Animal Foods

Required Temperature	Examples	Food Code
<b>145°F</b> for 15 seconds	<ul style="list-style-type: none"> <li>Raw eggs broken and prepared for individual order and immediate service.</li> <li>Fish</li> <li>Whole cut meats (such as steaks, chops)</li> </ul>	3-401.11(A)(1)
<b>155°F</b> for 15 seconds	<ul style="list-style-type: none"> <li>Ground meats (such as pork, beef, or fish)</li> <li>Pooled eggs (such as scrambled eggs not for individual order)</li> <li>Cooked eggs for hot holding</li> <li>Injected or mechanically tenderized meats (such as pork cutlet, chicken fried steak)</li> </ul>	3-401.11(A)(2)
<b>165°F</b> for 15 seconds	<ul style="list-style-type: none"> <li>Poultry (such as chicken, turkey)</li> <li>All stuffed fish, meats, poultry, etc.</li> <li>Stuffing with fish, meat, poultry, etc.</li> </ul>	3-401.11(A)(3)
<i>For foods not listed, such as ratites, baluts, or wild game please see MO Food Code 3-401.11.</i>		

2. List types of cooking equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HOT/COLD HOLDING

1. How will hot potentially hazardous foods be maintained at 135°F (60°C) or above during holding for service?  
 \_\_\_\_\_
2. How will cold potentially hazardous foods be maintained at 41°F (5°C) or below during holding for service?  
 \_\_\_\_\_
3. Will buffet style service be used for any food items?  
 Yes     No
4. Is there a sneeze guard present? (skip this question if you answered "no" to question 3)  
 Yes     No

## COOLING

Please indicate by checking the appropriate boxes how potentially hazardous foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also indicate where the cooling will take place.

cooling method	type
shallow pans	<input type="radio"/>
ice baths	<input type="radio"/>
reduce volume or size	<input type="radio"/>
rapid chill	<input type="radio"/>
ice wand	<input type="radio"/>

## REHEATING

1. How will PHFs that are cooked, cooled and reheated for hot holding be rapidly reheated (within 2 hours) so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods: \_\_\_\_\_

## GENERAL

1. Are pesticides stored separately from cleaning & sanitizing agents?

Yes       No

Describe pest control measures and frequency: \_\_\_\_\_

2. Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

Yes       No

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

Yes       No

4. Are food storage containers constructed of food grade materials to store bulk food products?

Yes       No

Indicate type(s): \_\_\_\_\_

5. Is all lighting protected with a shatterproof shield?

Yes       No

6. Are all wall mounted pieces of equipment (such as a hand sink) properly sealed to the wall?

Yes       No

7. Are all large pieces of equipment easy moving for cleaning?

Yes       No

If No, is the equipment elevated on legs to provide at least a six inch clearance between the floor and the equipment?

Yes       No

## MOBILE UNITS

1. Will all food items be received prepackaged from an approved source and sold in the same packaging?

- Yes       No

2. If NO: list all food that will be prepared. Indicate if the food will be prepared in the unit or at the commissary.

\_\_\_\_\_

\_\_\_\_\_

3. Will mobile unit operate out of a commissary

- Yes       No

4. Is there a 3-compartment sink located on the unit?

- Yes       No

5. Is hot and cold running water under pressure available at each hand washing sink?

- Yes       No

6. Does the unit have a mop sink?

- Yes       No

If NO: describe how the floors will be cleaned: \_\_\_\_\_

7. Does the unit have approved backflow prevention?

- Yes       No

8. List the size of the fresh and wastewater tanks:

Fresh: \_\_\_\_\_ Wastewater: \_\_\_\_\_

9. Location of trash disposal: \_\_\_\_\_

10. Location of wastewater disposal: \_\_\_\_\_

11. Are all hoses used to fill fresh water tanks food grade?

- Yes       No

12. Generator specifications (amps/watts): \_\_\_\_\_ Breaker box (amps): \_\_\_\_\_

- Yes       No

13. Does your unit have a restroom?

- Yes       No

If NO: indicate location of restroom for employees: \_\_\_\_\_

---

## COMMISSARY INFORMATION

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

-----  
I hereby certify that the above information is correct and complete. I fully understand that any deviation from the above without prior permission from the Cape Girardeau County Public Health Center may nullify final approval. I further agree to comply with the Missouri Food Code and all applicable Cape Girardeau County ordinances, including all food safety, sanitation, and operational requirements, as a condition of approval.

Signature(s) \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) or responsible representative(s)

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

Approval of these plans and specifications by this Regulatory Authority **does not** indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

**Plan Review (\$55.00) / Pre-Opening Application Fee (\$120.00): = \$175.00**

Permit and plan review fees may be paid online, with cash or by check. To digitally submit your application, please email a complete PDF copy of all required documents to [environmental@capecountyhealth](mailto:environmental@capecountyhealth).

**Checks should be made payable to Cape Girardeau County Public Health and sent with all required documents to:**

CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER  
ENVIRONMENTAL HEALTH 1121 Linden St. Cape  
Girardeau, MO 63703

-----  
**AFTER YOU HAVE COMPLETED THE APPLICATION PROCESS, AND PRIOR TO OPENING,**  
YOU MUST CALL OUR OFFICE TO SCHEDULE A PRE-OPENING INSPECTION WITH A HEALTH INSPECTOR.  
**YOU CANNOT BEGIN OPERATING YOUR BUSINESS WITHOUT PRIOR APPROVAL.** FAILURE TO GET  
APPROVAL TO OPEN WILL BE IN VIOLATION OF MISSOURI FOOD CODE

**Phone: 573-335-7846 ext: 128**

## Establishment Floor Plan

