

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

**Florida Department of Health-Hillsborough
ENVIRONMENTAL HEALTH SERVICES
(813) 307-8059**

APPLICATION FOR PLAN REVIEW

The applicant is to submit this completed application with plans.

1. **Establishment Name** _____
(Corporate and Outlet Name Where Appropriate)

2. **Location of Establishment** _____

3. **Name of Owner** _____
(same as on DBPR Beverage license application)
_____ (address/telephone)

4. **Name and Title of Responsible Agent if other than owner:**
_____ (name and title)
_____ (address/telephone)

The plan reviewer will notify the responsible agent when the plan review is completed.

5. Basic Facility Information: (Check One)

- New Construction _____
- Establishment never licensed by DOH _____
- Establishment previously licensed by DOH, closed for one or more years _____
- Conversion of existing structure to food service _____
- Remodeling of existing establishment _____

6. If existing structure, provide description (examples: steel warehouse, old wood frame building in historic district):

7. Menu Information: Type foods involved and method of service:

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If yes, the establishment must meet all the sanitary requirements of the state before the Department staff may sign the application for beverage license. All required equipment and fixtures must be installed and operating properly before approval can be given.

12. Employees:

Provide information on the anticipated number and type of workers (such as: kitchen workers, wait staff, cooks). The information should provide the total number of workers, maximum per shift and hours of establishment operation:

13. Projected Service Capacity:

Number of Seats _____

14. Construction:

Anticipated Start _____ Completion _____
(date) (date)

15. Fees:

Annual Sanitation Certificate Fee per Food Service Establishment:

Total

- 3. Detention Facility \$275.00
- 4. Bar/Lounge \$215.00
- 5. Fraternal/Civic Organization \$215.00
- 6. Movie Theater \$215.00
- 7. School Cafeteria
 - a. Operating for 9 months out of a year \$195.00
 - b. Operating for more than 9 months \$225.00
- 8. Residential Facility \$160.00
- 9. Other Food Service \$215.00
- 11. Limited Food Service \$135.00
- 12. Caterer \$205.00
- 13. Mobile Food Unit \$205.00
- 14. Vending Machine Dispensing \$ 110.00
- 15. Potentially Hazardous Food \$110.00

The following schedule of fees is established for plan reviews, food service worker training and testing, alcoholic beverage establishment sanitation inspections, reinspections, late renewals:

- 1. Plan review \$ 40.00 per hour

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Public schools, colleges, and vocational teaching facilities are exempt from this fee.

- 2. Food establishment worker training course (per person) \$ 20.00
- 3. Sanitation inspection
 - a. Alcoholic beverage inspection approval \$ 30.00
 - b. Requests for inspection \$ 40.00
- 4. Reinspection \$ 75.00 (for each reinspection after the first)
- 5. Late renewal of certificate \$ 50.00
- 6. Temporary event food service establishment
 - a. Sponsor without an existing sanitation certificate \$100.00
 - b. Vendor or booth at an establishment or location \$ 50.00 without an existing sanitation certificate

16. Please allow the Florida Department of Health-Hillsborough a minimum of three working days to schedule an inspection to open the establishment.

17. Comments _____

18. Signature of Applicant _____

Date _____

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Instructions for Completing Application for Plan Review

1. Establishment Name: Name by which the business will be publicly known.
2. Location of Establishment: The address of the physical location of the business.
3. Name of Owner: This is the name of the business owner, but not necessarily the owner of the property. Provide an address and telephone number where the owner may be contacted during routine business hours.
4. Name and Title of Responsible Agent if other than owner: This is an individual who has authorization to make binding decisions. Provide an address and telephone number where this person may be contacted during routine business hours.
5. Basic Facility Information: Check the item that most closely describes the type of construction.
6. Provide description of existing structure: The description should include information about the age, structural materials, previous occupancy and use, type of location, and other information that would help a plan reviewer focus on construction needs for a particular food service operation.
7. Menu Information: Provide information about the type of foods to be served and how they are to be served. Provide a copy of the menu if one is available.
8. Waste Water Disposal: Indicate which type of disposal is expected to be used by the proposed business.
9. Water supply: Indicate which type of water supply is expected to be used by the proposed business. Indicate if more than one source will be used (e.g., well for irrigation, municipal for inside the building).
10. Solid Waste Disposal: Indicate what companies or agencies will dispose of garbage, the type of container garbage will be stored in (e.g. garbage cans, dumpsters or compactors), and how the storage containers will be cleaned. If cleaned on the business premises then connection to approved waste water will be necessary.
11. Alcoholic Beverage License: Indicate if the establishment will provide consumption of alcoholic beverage on the premises. Indicate yes if alcohol will be served either when the business is new or will be added later.
12. Employees: Indicate the type and maximum number of employees that are anticipated. Include hours of business operation.
13. Projected service capacity: The number of seats includes seating inside and outside, including stools, benches and chairs.
14. Construction: Enter the dates that work should begin and end in preparing to open the proposed business.
15. Information concerning fees.
16. Information concerning scheduling of opening inspections.

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- 17. Comments: Clarify any of the above requests for information and indicate any need for additional assistance from the Hillsborough County Health Department
- 18. Signature of Applicant: If the signature is not legible, print your name near the signature.
Date: Provide the date the application is completed.

Procedure to Obtain Florida Department of Health-Hillsborough License

- 1. After construction is completed, contact the Environmental Health Services office to obtain information about the license fee and to request an opening inspection. Allow a minimum of three working days (Monday through Friday, excluding state holidays) for the inspector to schedule an opening inspection.
- 2. The owner or responsible agent who can make binding decisions, should meet with the inspector at the establishment to provide necessary information.
- 3. At the time of the opening inspection a copy of the Application for License, water system approval and sewage system approval must be provided if not previously submitted.
- 4. When the establishment is approved to open the Hillsborough County Health Department inspector may collect the license fee. A receipt will be provided by the inspector. If the fee is not collected by the inspector the applicant may submit the fee to the Environmental Health Services office.
- 5. THE ESTABLISHMENT IS NOT TO OPEN FOR BUSINESS UNTIL THE OWNER HAS OBTAINED THE HEALTH DEPARTMENT LICENSE OR A RECEIPT FOR LICENSURE FROM THE HILLSBOROUGH COUNTY HEALTH DEPARTMENT
- 6. The license is not transferable to a different owner nor to a different location.

Checklist to Obtain Florida Department of Health-Hillsborough License

- * Submit completed application for license
- * Submit approvals to connect to water and wastewater systems
- * Submit license fee