

Plans Review Questionnaire

(RFPRQ 8/2002)
Revised 9/2012

Date of Submission: 6/27/13

1. Name of establishment: BIKRAM YOGA STUDIO UPTOWN Phone #: (504) 266-8562
2. Physical address of establishment: 8338 OAK ST., NEW ORLEANS
3. Mailing address if different from physical address: _____
4. Owner of business: EMILY JOHNSTON
5. Name of corporation, partnership, LLC, or LLP (if applicable): _____
6. If a partnership, list partner names: _____
7. Phone numbers of business owner: Home: () _____ Cell phone: (504) 266-8562
Email address: emily.bikramast@gmail.com
8. Owner of the real property (land and building): Bruce J. Foret
Phone #: () _____ Cell #: (504) 250-1352
9. Has the facility, for which this application is hereby made, been previously permitted by the Department of Health and Hospitals for the purposes of operating a Retail Food Establishment? ___ YES NO
10. If you answered yes to the previous question, what was the name of the previous business? _____
11. Will the occupancy classification (*i.e.*, bar, restaurant, grocery) of the business you are applying for remain exactly the same as the previous business? ___ YES NO
12. Name of responsible agent if different from business owner: _____
Phone #: () _____ Address: _____
13. Type of business:
 restaurant seafood market
 restaurant/bar meat market
 bar bakery
 grocery- Packaged only (chips and candy) hospital/clinic cafeteria
 grocery – deli (kitchen) day care/with food preparation
 mobile unit – prepackaged food only
 mobile unit – food preparation
 nursing home cafeteria
 group home – number of residents _____
 other – be specific yoga studio

22. If a dumpster pad is required, will hot and cold water be available to the site for cleaning and will a drain to the approved sewage system be available directly in the dumpster area? ()yes ()no

23. Will you be serving raw oysters? ()yes ()no Kevin Kinkaid Signature required

24. **A MENU MUST BE SUBMITTED WITH THIS APPLICATION**

25. **HOURS OF OPERATION?** 6:30 AM - 8:30 PM

26. **FLOOR PLAN IS REQUIRED (HAND DRAWN OR PROFESSIONALLY DRAFTED)**

27. Louisiana law requires a Louisiana Food Safety Certification course for facilities preparing food. See requirements and exemptions link below.
Has a Food Safety Certification been scheduled? ()yes ()no

Kevin Kinkaid Date: 6/27/13
Signature of person preparing this form

KEVIN KINKAID
Printed name of person preparing this form

Contacts and important information:

State Sanitarian located in the Parish you wish to operate: <http://new.dhh.louisiana.gov/index.cfm/page/394>

Louisiana State Sanitary Code Part XXIII Retail Food Operations:
<http://doa.louisiana.gov/osr/lac/51v01/51v01.pdf>

Food Safety Certification Information: <http://new.dhh.louisiana.gov/index.cfm/page/633/n/232>

Obtain current forms and contact information regarding retail food establishments: www.eatsafe.la.gov