

Date of Submission: 12/23/2005

1. Name of establishment:  
Quiznos Store 9880  
Phone #: (504) 361-8434

2. Physical address of establishment:  
2801 Magazine St Suite B  
New Orleans, LA 70113

Mail Health Certificate to:  
Dammon Engineering 1095  
Florida Ave. Slidell, La. 70458  
(985) 649-5832

3. Mailing address if different from physical address:

4. Name of business:  
Lawrence J Schofield

5. Name of corporation, partnership, LLC, or LLP (if applicable):

6. If a partnership, list partner names:

7. Phone numbers of business owner: Home: (504) 361-8434  
Cell phone: ( )  
Beeper: ( )

8. Owner of the real property (land and building):  
Y1 Magazine Leon Lastrapes  
Phone #: ( 504 ) 309-0978

9. Has the facility, for which this application is hereby made, been previously permitted by the State Health Department? \_\_\_\_\_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. Has the real property (building or land) ownership in which or upon which your proposed business is to operate changed since the last business owner originally received a health permit? \_\_\_\_\_YES \_\_\_\_\_NO

13. Name of responsible agent if different from business owner: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

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

14. Type of business:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> restaurant                  | <input type="checkbox"/> seafood market  |
| <input type="checkbox"/> restaurant/bar                         | <input type="checkbox"/> meat market   |
| <input type="checkbox"/> bar                                    | <input type="checkbox"/> bakery  |
| <input type="checkbox"/> grocery- prepackaged food only         | <input type="checkbox"/> confectionary   |
| <input type="checkbox"/> grocery - limited food preparation     | <input type="checkbox"/> hospital/clinic kitchen                               |
| <input type="checkbox"/> grocery - deli (kitchen)               | <input type="checkbox"/> day care/with food preparation - # licensed for _____ |
| <input type="checkbox"/> mobile unit - prepackaged food only    | <input type="checkbox"/> day care/no food preparation - # licensed for _____   |
| <input type="checkbox"/> mobile unit - food preparation         |  |
| <input type="checkbox"/> nursing home                           |  |
| <input type="checkbox"/> group home - number of residents _____ |  |
| <input type="checkbox"/> other - be specific _____              |  |

15. Type of submission:

- change of existing business ownership only
- conversion of non-food establishment to food establishment
- new construction of retail food establishment
- renovation/remodel (including retail food business (see below for definition of substantial renovation))
- reopening of previously closed food establishment. How long was it closed: \_\_\_\_\_
- change of existing retail food business and real property ownership
- other - be specific \_\_\_\_\_

16. If increasing the square footage of the business or the usable area, state the:

Existing footage \_\_\_\_\_

Proposed square footage change + \_\_\_\_\_

Total \_\_\_\_\_

17. Total square footage of the business: \_\_\_\_\_ Square footage of the usable (minus kitchen, toilets, halls, heating, ventilation, air conditioning) space: \_\_\_\_\_

Note: **Do not** subtract space for shelving, tables, or any equipment that is not permanently attached.

18. Plumbing:

LADIES

1 \_\_\_\_\_ # toilets

1 \_\_\_\_\_ # hand wash sinks

MEN

1 \_\_\_\_\_ # toilets \_\_\_\_\_ # urinals

1 \_\_\_\_\_ # hand wash sinks

Self closing doors (when required): yes  no

Water Closet: open front seat: yes  no

Mechanically vented to outside atmosphere: yes  no

Public access: yes  no

Floor drains: yes  no

Water Fountains: number provided \_\_\_\_\_ not applicable

Garbage grinder: yes  no

Indirect connections to sewage system from sinks, etc.: yes  no

19. Does this establishment now hold or will apply for an alcohol license?  yes  no

20. Does this establishment now or in the future plan to wholesale food products?  yes  no  
 If yes, you must contact the Food and Drug Office at (225) 763-5484.  
 If wholesale product is seafood contact the Seafood Office at (225) 763-5467.
21. Is this establishment connected to a public water system?  
 yes/name New Orleans Water  
 no, submit water well plans.
22. Is this establishment connected to a public sewer system?  
 yes/name New Orleans Sewer  
 no, submit sewage system plans.  
 Grease trap size: 500
23. What is the method of garbage/waste disposal?  
Dumpster
24. If a dumpster pad is required, will hot water or steam 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
25. A menu or listing of foods to be served and the hours of operations must be submitted along with this questionnaire and a floor plan.
26. Certain Restaurant/kitchen type operators must obtain a state food safety certificate within 90 days of permitting. Has an approved food safety class been scheduled?  yes  no

I hereby certify that I have received the handouts titled "How To Open A Food Establishment" and "Pre-Inspection Info for New Owners".

\_\_\_\_\_  
 signature of person preparing this form Date: \_\_\_\_\_

Printed name of person preparing this form

**NOTE: IT IS RECOMMENDED THAT A COPY OF PART XXIII OF THE LOUISIANA STATE SANITARY CODE BE REQUESTED FROM THE OFFICE OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SERVICES, 6867 BLUEBONNET BLVD., BATON ROUGE, LA 70810, phone # (225) 763-3542, OR BE OBTAINED FROM OUR WEB SITE >>>www.dhh.state.la.us/oph/ehs<<<.**

**Definition of substantial renovation:**

- a. Alterations or repairs made within a twelve month period, costing in excess of 50 percent of the then physical value of the existing building, or
- b. Alterations or repairs made within a twelve month period, costing in excess of \$15,000 or
- c. Alterations or repairs made within a twelve month period, involving a change in "occupancy classification" or use of the property.

- d. The physical value of the building in (c) of this section may be established by an appraisal not more than three years old, provided that said appraisal was performed by a certified appraiser or by the tax assessor in the parish where the building is located.
- e. The cost of alterations or repairs in (a) or (b) of this section may be established by:
  - i. an estimate signed by a licensed architect or a licensed general contractor, or
  - ii. by copies of receipts for the actual costs.