

## Plans Review Questionnaire

(RFPRQ 8/2002)

Date of Submission: 3-8-2006

1. Name of establishment:  
Ellen DeGeneres's Quiznos Store  
Phone #: (720 )
2. Physical address of establishment:  
807 Canal St.  
New Orleans, LA 70112
3. Mailing address if different from physical address:  
QUIZNO'S MASTER, LLC  
1475 Lawrence Street, Suite 400  
Denver, CO 80202
4. Owner of business:  
Quiznos Master LLC
5. Name of corporation, partnership, LLC, or LLP (if applicable):  
Quiznos Master LLC
6. If a partnership, list partner names:  
\_\_\_\_\_
7. Phone numbers of business owner: Home: (720 )359-3300  
Cell phone: ( )  
Beeper: ( )
8. Owner of the real property (land and building):  
Mr. Coleman Adler  
Phone #: (504 ) 523-5292
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"/> mobile unit – food preparation      | <input type="checkbox"/> day care/no food preparation – # licensed for   |
| <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 of existing 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: 2312 Square footage of the usable (minus kitchen, toilets, halls, heating, ventilation, air conditioning) space: 500

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

18. Plumbing:
- |                     |                       |
|---------------------|-----------------------|
| LADIES              | MEN                   |
| 1 # toilets         | 1 # toilets # urinals |
| 1 # hand wash sinks | 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 system  
☐ no, submit water well plans.
22. Is this establishment connected to a public sewer system?  
☒ yes/name New Orleans sewer system  
☐ no, submit sewage system plans.  
Grease trap size: \_\_\_\_\_
23. What is the method of garbage/waste disposal?  
\_\_\_\_\_
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 60 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".

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

Signature of person preparing this form

David Dammon

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 (a) 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.

