

Retail Food Plan Review Questionnaire

(RFPRQ 1/2016)

Date of Submission: _____

1. Name of establishment: _____
Phone #: (____) _____
2. Physical address of establishment: _____

3. Mailing address if different from physical address: _____

4. Owner of business: _____
5. Name of corporation, partnership, LLC, or LLP (if applicable):

6. If a partnership, list partner name(s): _____

7. Business owner contact information: Home #: (____) _____ Cell phone #: (____) _____
Email address: _____
*Used for inspection reporting, recall information, boil water advisories, and other pertinent information.
8. Owner of the real property (land and building): _____
Phone #: (____) _____ Cell phone #: (____) _____
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 for which you are applying remain exactly the same as the previous business? yes no
12. Name of responsible agent if different from business owner: _____
Phone #: (____) _____ Email address: _____
Mailing Address: _____
14. Type of business:

<input 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- Packaged only (chips and candy bars)	<input type="checkbox"/> hospital/clinic cafeteria
<input type="checkbox"/> grocery – deli (kitchen)	<input type="checkbox"/> day care/with food preparation
<input type="checkbox"/> nursing home cafeteria	
<input type="checkbox"/> group home – number of residents _____	
<input type="checkbox"/> other – be specific _____	

*Please complete a Mobile Unit Plan Review Questionnaire if you will be operating a mobile unit.

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
 - 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, indicate the following:

Existing footage: _____

Proposed square footage change: + _____

Total: = _____

17. Total square footage of the business: _____
- Usable square footage of business: _____

18. Plumbing: (*For information purposes only)

	<u>Restrooms</u>	
LADIES		MEN
_____ # toilets *		_____ # toilets * _____ # urinals *
_____ # hand wash sinks *		_____ # hand wash sinks *

Self-closing doors (when applicable): yes no

Self-closing, self-metered faucets (when applicable): yes no

Mechanically vented to outside atmosphere: yes no

Public access: yes no

Toilets are in separate compartments/stalls: yes no

Privacy partition provided for urinals: yes no

Floor drains: yes no not applicable (reason) _____

Other plumbing

*Water fountains: number provided _____ not applicable (state reason) _____

Indirect drain connections provided at food preparation sinks (including three compartment sink):

yes no not applicable (state reason) _____

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) 342-7516.
 If wholesale product is seafood contact the Seafood Office at (225) 342-7653.

21. Is this establishment connected to a public water system?
 yes Name of System: _____
 no (must submit water well plans)
22. Is this establishment connected to a public sewer system?
 yes Name of System: _____
 no (must submit sewage system plans)
23. Grease trap provided or proposed for facility _____
24. What is the method of garbage/waste disposal? _____
25. 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
26. Will you be serving raw oysters? yes no _____
 (Signature required)

27. **A MENU MUST BE SUBMITTED WITH THIS APPLICATION. PLEASE COMPLETE MENU ATTACHMENT A.**

28. **DAYS AND HOURS OF OPERATION:** _____

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

30. Louisiana law requires a Louisiana Food Safety Certification course for facilities preparing food. See requirements and exemptions link below.

Has a Food Safety Certification course been scheduled? yes (date of course): _____
 no

 Signature of person preparing this form Date of Signature: _____

 Printed name and title 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>

Title 51 (Public Health - Sanitary Code) Part XXIII Retail Food Operations:
<http://www.doa.la.gov/Pages/osr/lac/books.aspx>

Food Safety Certification Provider List and Application: <http://new.dhh.louisiana.gov/index.cfm/page/632/n/228>

