



## DETAILS OF PROPOSED FOOD SERVICE

1. **Number of seats** Dining: \_\_\_\_\_ Bar: \_\_\_\_\_
2. **Bathrooms** - *self-closing doors are required as well as ventilation fans*  
Public: \_\_\_\_\_ How many? \_\_\_\_\_  
Employee: \_\_\_\_\_
3. **Sinks : How many?**  
Three bay sink in kitchen: \_\_\_\_\_ at bar: \_\_\_\_\_  
Hand sink in kitchen: \_\_\_\_\_ How many: \_\_\_\_\_ Hand sink at bar: \_\_\_\_\_  
Food prep. Sink (stainless steel with indirect drain): \_\_\_\_\_  
Mop sink: \_\_\_\_\_  
Hand sink in bathrooms: \_\_\_\_\_  
Other: \_\_\_\_\_
4. **Mechanical Dishwashing Machine (Commercial Only)**  
In kitchen: \_\_\_\_\_ In bar: \_\_\_\_\_
5. **Surface Materials**  
Kitchen floors: \_\_\_\_\_ Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_  
Service floors: \_\_\_\_\_ Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_  
Dining floors: \_\_\_\_\_ Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_  
Storage area floors: \_\_\_\_\_ Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_
6. **Exhaust Ventilation**  
Hood location: \_\_\_\_\_ Filters: \_\_\_\_\_
7. **Refrigeration** (how many of each?) *thermometers are required in all refrigeration units*  
Walk-in Refrigerator: \_\_\_\_\_ Reach-in Refrigerator: \_\_\_\_\_  
Walk-in Freezer: \_\_\_\_\_ Reach-in Freezer: \_\_\_\_\_
7. **Storage**  
Dry Storage: (sq. ft) \_\_\_\_\_  
Separate Area for Toxic Items: \_\_\_\_\_ Where? \_\_\_\_\_
8. **Water Supply**  
Public Supply (piped into Facility) \_\_\_\_\_ Water Supplier \_\_\_\_\_  
Private Supply (well) \_\_\_\_\_ Health Department Approval Date \_\_\_\_\_  
Proposed method of providing potable water \_\_\_\_\_  
Hot water tank (capacity in gallons \* 40 gal. minimum) \_\_\_\_\_ On Demand tank \_\_\_\_\_  
*For On Demand tanks, check compatibility with mechanical dish machine*  
Food Trucks only: Holding tank size: \_\_\_\_\_
9. **Waste (Sewage)**  
Public Sewer System (piped connection to) \_\_\_\_\_ Name of System \_\_\_\_\_  
Private Sewer (on site) \_\_\_\_\_ Health Department Approval Date \_\_\_\_\_  
Food Trucks only: waste water tank size: \_\_\_\_\_  
Where do you plan to dispose of your waste water? \_\_\_\_\_
10. **Other Items**  
Light shields provided: \_\_\_\_\_