



**WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT
ENVIRONMENTAL HEALTH**

355 TEXAS AVENUE, ROUND ROCK, TEXAS 78664
PHONE: 512-248-7620
EH@WILCO.ORG
WCCHD.ORG



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW ESTABLISHMENT REMODEL CHANGE OF OWNERSHIP

CHECK ALL THAT APPLY:

RESTAURANT STORE DAYCARE SCHOOL OTHER: _____

ALL BLANKS AND PAGES MUST BE COMPLETED. IF NOT APPLICABLE, INDICATE WITH N/A.

NAME OF ESTABLISHMENT: _____

PHYSICAL ADDRESS: _____

NAME OF OWNER: _____

MAILING ADDRESS: (TO RECEIVE CORRESPONDENCE AND PERMITS)

TEXAS SALES TAXPAYER ID: _____

OWNER TELEPHONE: _____ **EMAIL:** _____

APPLICANT NAME: _____

APPLICANT TELEPHONE: _____ **EMAIL:** _____

HOURS OF OPERATION:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

NUMBER OF SEATS: _____ **NUMBER OF EMPLOYEES:** _____

PROJECTED COMPLETION DATE: _____ **PROJECTED DATE TO OPEN:** _____

*******FOR OFFICE USE ONLY*******

DATE RECEIVED:

CASH _____ CHECK # _____ MONEY ORDER # _____ CREDIT CARD _____

AMOUNT PAID: _____ **PERMIT FFA#:** _____ **RECEIPT #:** _____

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ALL FOOD ESTABLISHMENTS MUST HAVE AT LEAST ONE EMPLOYEE WHO MEETS THE DEFINITION OF A CERTIFIED FOOD MANAGER (CFM). THE CURRENT FOOD MANAGER CERTIFICATE MUST BE POSTED IN SIGHT OF CUSTOMERS.

NAME OF CERTIFIED FOOD MANAGER: _____

CERTIFICATE NUMBER: _____ EXPIRATION DATE: _____

FACILITIES

WATER AND WASTEWATER SERVICE:

THE ESTABLISHMENT IS SERVED BY PUBLIC SEWER? YES NO

If a private wastewater disposal system (ON-SITE SEWAGE FACILITY or OSSF) serves this site, provide permit number:

Note: If there is an existing OSSF you must contact the Williamson County Road and Bridge Department. Information regarding requirements for an OSSF may be found on their website at www.wilco.org/ossf, or you may contact them at **512-943-3330**.

If installing a new OSSF, the system must be approved for use before the food permit will be issued. Approval of your kitchen plans does not constitute approval for use of the facilities.

WATER SOURCE: PUBLIC WATER SUPPLY PRIVATE WELL

NOTE: If a private well is used as a water source, all appropriate licenses must be obtained.

WATER SUPPLY:

THE CAPACITY OF HOT WATER HEATER(S) MUST BE SUFFICIENT TO MAINTAIN AVAILABILITY AT ALL TIMES. PROVIDE THE FOLLOWING HOT WATER HEATER INFORMATION:

TANK TANKLESS CAPACITY (GALLONS): _____

MAKE: _____ MODEL: _____

WASTE DISPOSAL:

NUMBER OF DUMPSTERS OUTSIDE OF FACILITY: _____ NUMBER OF CANS: _____

FREQUENCY OF PICK UP: _____

FREQUENCY OF GREASE TRAP SERVICE: _____

NUMBER OF MOP/UTILITY SINKS: _____ *AT LEAST ONE SERVICE SINK OR CURBED CLEANING FACILITY WITH A FLOOR DRAIN MUST BE AVAILABLE AND CONVENIENTLY LOCATED.

PROVIDE THE MEASUREMENTS FOR THE 3-COMPARTMENT SINK:

BASIN 1: L x W x H = _____ x _____ x _____ BASIN 2: L x W x H = _____ x _____ x _____

BASIN 3: L x W x H = _____ x _____ x _____

PER THE TEXAS FOOD ESTABLISHMENT RULES, AT LEAST ONE 3-COMPARTMENT SINK MUST BE INSTALLED

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

FACILITIES

DISHWASHING FACILITIES:

A COMMERCIAL MECHANICAL DISHWASHER WILL BE USED: YES NO

IF YES, PROVIDE THE MAKE AND MODEL: _____

WILL THE DISHMACHINE USE HOT WATER OR CHEMICALS FOR SANITIZER? _____

SINGLE USE UTENSILS WILL BE USED: ALL THE TIME SOMETIMES NEVER

HANDWASHING / TOILET FACILITIES:

HANDWASHING SINKS WILL BE LOCATED IN ALL FOOD PREPARATION AND WAREWASHING AREAS? YES NO

PAPER TOWELS WILL BE PROVIDED AT ALL HAND WASH SINKS? YES NO

COVERED WASTE BINS WILL BE PROVIDED IN ALL RESTROOMS? YES NO

HOT AND COLD RUNNING WATER UNDER PRESSURE WILL BE AVAILABLE AT ALL SINKS? YES NO

ALL DOORS OF TOILET ROOMS LOCATED INSIDE THE FOOD ESTABLISHMENT WILL BE SELF CLOSING? YES NO

AUTOMATIC FAUCETS WILL PROVIDE A FLOW OF WATER FOR AT LEAST 15 SECONDS WITHOUT THE NEED TO REACTIVATE THE FAUCET? YES NO

HANDWASHING SINKS, INCLUDING RESTROOMS, WILL HAVE A MIXING VALVE OR COMBINATION FAUCET? YES NO

EQUIPMENT

COLD STORAGE:

NUMBER OF REFRIGERATION UNITS: _____
NUMBER OF FREEZER UNITS: _____

COOKING:

COOKING APPLIANCES TO BE UTILIZED IN THIS FACILITY (# AND TYPE OF UNITS):

OTHER:

LIST ANY OTHER PREPARATION EQUIPMENT SUCH AS DELI SLICERS, LARGE DOUGH MIXER, KETTLE POTS, LARGE STOCK POTS, ETC.

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

PROCESS

TCS FOODS ARE FOODS THAT NEED TIME AND TEMPERATURE CONTROL FOR SAFETY. THESE INCLUDE, BUT ARE NOT LIMITED TO: MEATS, EGGS, DAIRY, CUT LEAFY GREENS AND MELONS.

WILL TCS FOODS BE HELD FOR SERVICE? YES NO

WILL TCS FOODS THAT ARE COOKED TO THE REQUIRED TEMPERATURE BE COOLED DOWN AND REHEATED FOR SERVICE AT A LATER DATE? YES NO

IF YES, DESCRIBE YOUR COOLING PROCESS, INCLUDING WHAT UTENSILS AND EQUIPMENT WILL BE USED FOR THIS PROCESS:

A VARIANCE REQUEST IS REQUIRED FOR ANY MODIFICATION OF THE TEXAS FOOD ESTABLISHMENT RULES (TFER). PLEASE INDICATE WHICH OF THE FOLLOWING, IF ANY, YOUR BUSINESS WILL UTILIZE:

- CURING YES NO
- SMOKING AS A METHOD OF FOOD PRESERVATION RATHER THAN FLAVOR ENHANCEMENT YES NO
- USING FOOD ADDITIVES SUCH AS VINEGAR FOR THE PRESERVATION OF FOOD RATHER THAN FLAVOR ENHANCEMENT OR TO RENDER FOOD SO THAT IT NO LONGER REQUIRES TIME AND TEMPERATURE CONTROL FOR SAFETY (TCS) YES NO
- PACKAGING FOOD USING REDUCED OXYGEN PACKAGING METHOD EXCEPT WHERE A BARRIER TO CLOSTRIDIUM BOTULINUM IN ADDITION TO REFRIGERATION EXISTS YES NO
- OPERATING A MOLLUSCAN SHELLFISH LIFE-SUPPORT SYSTEM DISPLAY TANK USED TO STORE AND DISPLAY SHELLFISH THAT ARE OFFERED FOR HUMAN CONSUMPTION YES NO
- CUSTOM PROCESSING ANIMALS THAT ARE FOR PERSONAL USE AS FOOD AND NOT FOR SALE OR SERVICE IN A FOOD ESTABLISHMENT YES NO
- PREPARING FOOD BY ANOTHER METHOD THAT IS DETERMINED BY THE REGULATORY AUTHORITY TO REQUIRE A VARIANCE YES NO
- SPROUTING SEEDS / BEANS IN A RETAIL FOOD ESTABLISHMENT YES NO

If you are using any of these processes, please explain:

IS A BULK ICE MACHINE AVAILABLE? YES NO

WILL THERE BE BAGGING OF ICE ON SITE FOR SALE? YES NO

If YES, you must obtain a manufactured food permit from the Texas Dept. of State Health Services.

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

CHECKLIST

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION. FAILURE TO SUBMIT REQUIRED DOCUMENTATION CAN RESULT IN A DELAY WITH THE PLAN APPROVAL PROCESS.

- _____ FLOOR PLAN DRAWN TO SCALE SHOWING LOCATION OF EQUIPMENT, PLUMBING, ELECTRICAL SERVICES, AND MECHANICAL VENTILATION
- _____ A LEGEND OR NUMBERING SYSTEM ON THE FLOOR PLAN TO CLEARLY IDENTIFY EQUIPMENT
- _____ EQUIPMENT SPECIFICATION INFORMATION OR "CUT SHEETS"
- _____ COMPLETE FINISH SCHEDULE: DESCRIPTION OF FLOORS, WALLS AND CEILINGS
- _____ A COPY OF THE FOOD MANAGER CERTIFICATE
- _____ A COMPLETE MENU (INCLUDE SEASONAL, OFF-SITE, BANQUET, ALL SPECIAL ITEMS)
- _____ LIST OF FOOD SUPPLIERS AND EXPECTED FREQUENCY OF DELIVERY
- _____ PROVIDER OF PEST CONTROL

SUBMIT THIS COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION ELECTRONICALLY TO: EH@WILCO.ORG

THE PLAN REVIEW PROCESS WILL BEGIN WHEN ALL REQUIRED INFORMATION HAS BEEN SUBMITTED AND FEES PAID FOR THIS APPLICATION.

ONCE THE PLANS HAVE BEEN REVIEWED BY WCCHD, A LETTER OF DENIAL OR APPROVAL WILL BE SENT TO YOUR PROVIDED EMAIL EXPLAINING THE NEXT STEPS IN THE PROCESS. THE PLAN REVIEWER MAY NEED MORE INFORMATION AND WILL CONTACT YOU VIA PHONE OR EMAIL.

BE SURE TO CONTACT THE CITY IN WHICH YOUR BUSINESS WILL TAKE PLACE TO ENSURE ALL PROPER PERMITS AND LICENSES ARE OBTAINED.

THANK YOU AND WELCOME TO WILLIAMSON COUNTY!

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSIONS FROM THE WCCHD RETAIL FOOD PROGRAM MAY NULLIFY FINAL APPROVAL.

APPLICANT SIGNATURE

DATE

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic covered molding, etc.). Indicate Not Applicable (NA) as appropriate.

NOTE: Please be as specific as possible. Ex: Do not state "ceiling tile." Material of ceiling tile must be included and if available, manufacturer and model number of tile.

ROOM / AREA	FLOORS (INCLUDE FLOOR/ WALL JUNCTION)	WALLS	CEILING
FOOD PREPARATION			
DRY FOOD STORAGE			
WARE WASHING AREA			
WALK-IN COOLERS AND FREEZERS			
SERVICE SINK			
REFUSE AREA			
TOILET ROOMS & DRESSING ROOMS			
BAR AREA(S)			
OTHER: _____			