



Escambia County Health Department  
Division of Environmental Health

# Food Establishment Application Guide



*Directions:* Please complete the following information. Include required documents when returning your packet. If you are requesting a plan review, please enclose a check in the amount of \$40.00, made payable to: Escambia County Health Department. Plans may be no larger than 11 x 17 inches. The packet can be mailed or hand delivered to the address below:

**Escambia County Health Department  
Division of Environmental Health  
1300 W. Gregory Street  
Pensacola, FL 32502**

For More Information please visit [www.EscambiaHealth.com](http://www.EscambiaHealth.com) or Call (850) 595-6700



## Food Establishment Guide:

Today's Date: \_\_\_\_\_

Project Description: ( ) New ( ) Remodel ( ) Change of Owner ( ) Other

Date for Start of Project: \_\_\_\_\_

Date for Completion of Project: \_\_\_\_\_

### Facility Information:

Facility Name: _____
Address: _____
City: _____ Zip code: _____
Business Phone: _____

Hours of Operation:	Sun _____	Thurs _____
	Mon _____	Fri _____
	Tues _____	Sat _____
	Wed _____	

### Category of Facility:

Adult Day Care ( )	Detention ( )	Theater ( )
Assisted Living ( )	Hospital ( )	School ( )
Bar/ Lounge ( )	Hospice ( )	Other ( ) please specify: _____
Childcare ( )	Mobile Food ( )	
Civic/Frat ( )	Nursing Home ( )	

Water Supply: Public Water ( ) Private Well ( )

Sewage: Public Sewage ( ) Septic Tank ( ) Aerobic Treatment Unit ( )  
Grease Trap ( ) Laundry Tank ( )

### Owner Information:

Name of Owner: _____
Name of Applicant: (if different from owner) _____
Mailing Address: _____
City: _____ Zip Code: _____
Owner Home: _____ Cell: _____



Food Service Questionnaire:

To better determine the type of permit required for your food service establishment, please answer the following questions:

Number of Licensed Residents/Clients (if applicable): \_\_\_\_\_

Total Number of Food Workers: \_\_\_\_\_ Maximum Number per Shift: \_\_\_\_\_

Maximum Meals to Serve: Breakfast \_\_\_\_\_ (Estimate) Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snacks \_\_\_\_\_

Type of Service: Sit Down ( ) Mobile Food Unit ( ) (Check all that apply) Take Out ( ) Other ( ) specify: \_\_\_\_\_ Caterer ( )

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- 1. Will you be serving only pre-packaged snacks and/or drinks? YES NO
2. Will you be washing dishes, utensils, and/or wares? YES NO
3. Will you be using only single-use/ single-service utensils? YES NO
4. Will you be portioning prepared, catered meals, or snacks? YES NO
5. Will you be cooking or warming using the stove, oven, or microwave? YES NO
6. Will you be warming or preparing infant bottles? YES NO
7. Will you be cooking at home and bringing food to your facility? YES NO
8. Are all food supplies from inspected and approved sources? YES NO

Foods to be Handled, Prepared, and Served:

- 1. Thin Meats, poultry, fish, eggs (hamburger, sliced meats, fillets) YES NO
2. Thick meats, whole poultry (roast beef, whole turkey, chicken, hams) YES NO
3. Cold Processed foods (salads, sandwiches, vegetables) YES NO
4. Hot processed foods (soups, stews, rice/noodles, gravy, casseroles) YES NO
5. Baked goods (pies, cakes, cookies, brownies) YES NO
6. Other \_\_\_\_\_

Food Service Manager Certification Name/Number (if applicable) \_\_\_\_\_

Food-supplies and deliveries:

What are the projected frequencies and times of deliveries for:

Frozen foods: Frequency \_\_\_\_\_ Time \_\_\_\_\_
Refrigerated foods: Frequency \_\_\_\_\_ Time \_\_\_\_\_
Dry goods: Frequency \_\_\_\_\_ Time \_\_\_\_\_





Food Service Plan Review Check List : ✓

Fee: \$40.00 per hour non-refundable fee made payable to Escambia County Health Department

Complete below and check all that apply:

Location of Food Establishment: City limits ( ) County limits ( )

			<u>YES</u>	<u>NO</u>	<u>Pending</u>	<u>N/A</u>
Zoning:	Date Submitted: _____	Approved	( )	( )	( )	( )
Planning:	Date Submitted: _____	Approved	( )	( )	( )	( )
Building:	Date Submitted: _____	Approved	( )	( )	( )	( )
Plumbing:	Date Submitted: _____	Approved	( )	( )	( )	( )
Fire Authority:	Date Submitted: _____	Approved	( )	( )	( )	( )
Other:	_____					

Plans/Applications have been submitted to the required authorities on the following dates:

Square Footage of Food Area/ Kitchen: \_\_\_\_\_ Square Footage of the Facility: \_\_\_\_\_

\*\*\*\*\*Please Submit the Following Documents\*\*\*\*\*

Required Food Establishment Plans: (no larger than 11x17 inches)

1. Proposed Menu - To include all snacks/meals served on a weekly basis

2. Floor Plan - Floor plan to scale must include all that apply:

- a) Identify location of each piece of equipment clearly labeled with its common name (fridge, freezer, oven, stove, warming units, microwaves, dishwasher, fire suppression system, ventilation hoods, steam tables, etc...)
- b) Identify location of all food preparation areas and indicate if they will be used for raw foods and/or ready to eat foods. Include location of 2-compartment food preparation sink.
- c) Identify location of all hand wash only sinks.
- d) Label and locate all restrooms, and include all toilets, urinals, and rest room hand wash sinks)
- e) Locate and identify the dishwashing area.
  - i. If manual dishwashing, identify location of 3-compartment sink and label as wash, rinse, and sanitize
  - ii. If automatic dish washing, label and locate machine, indicate method of sanitization, and provide any equipment specifications.
  - iii. Identify areas for drying clean dishes and utensils.
- f) Identify dining rooms, storage rooms, pantries, garbage rooms, janitorial rooms, etc...
- g) Identify location of mop sink and facilities for hanging wet mops

3. Site Plan - Site plan to scale must include all that apply:

- a. Identify location of building on property and include the following: (Location of irrigation/ drinking wells, septic system, dumpster, play ground area, parking lot, building exits, fences, sheds, bodies of water, and any other outdoor equipment.)

## Food Service Plan Review (continued)

*Please indicate the type of equipment that will be utilized in the food service establishment.  
Ensure all equipment specified as “yes” below are labeled on the floor plan and/or site plan.*

*Check all that apply:*

*Food Service Equipment:*

	<u>YES</u>	<u>NO</u>
Stove-----	( )	( )
Approved Exhaust Hood-----	( )	( )
Microwave-----	( )	( )
Freezer-----	( )	( )
Refrigerator-----	( )	( )
Ice Machine-----	( )	( )
Dishwasher-----	( )	( )
Hand Wash Sink-----	( )	( )
Food Prep Sink-----	( )	( )
2-Compartment Sink-----	( )	( )
3-Compartment Sink-----	( )	( )
Slanting Drain Board-----	( )	( )
Mop/ Janitorial Sink-----	( )	( )
Floor Drains-----	( )	( )

*Other Equipment Not Listed:*

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*Garbage and Rubbish Disposal:*

	<u>YES</u>	<u>NO</u>
County/ City Public Garbage Can-----	( )	( )
Garbage Compactor-----	( )	( )
Dumpster stored on smooth non-absorbent material-----	( )	( )
Other: (specify)_____		

*Chemicals, Pest Control, Cleaning and Ventilation:*

How often will pest control/pesticides be sprayed? (Please list agent who will be applying pesticides)

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Where will cleaning supplies and household chemicals be stored? \_\_\_\_\_

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How will dry storage be kept 6 inches off the floor? \_\_\_\_\_

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What are the floors, walls, ceiling constructed from? \_\_\_\_\_

Is this material smooth, non-absorbent, and cleanable surface?    Yes ( )    No ( )

How is the food establishment ventilated? (central air/heat, window unit, fans, air filtration system)

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*Thank You from the Escambia County Health Department  
Tradition-Service-Leadership • Protecting You Since 1821*

Questions: Call (850) 595-6700