



**SAINT LOUIS COUNTY DEPARTMENT OF HEALTH**  
**Division of Environmental Protection**  
**Food and Environmental Branch**  
 111 S. Meramec, 2<sup>ND</sup> Floor, Clayton, MO 63105  
 314-615-8900

For Office Use Only  
(Stamp Received)

**NEW FOOD ESTABLISHMENT  
PLAN REVIEW APPLICATION**

Fee Schedule is \$210

**This Application is for Plan Approval for New Construction Only.**

Unincorporated St. Louis County or  Name of Municipality \_\_\_\_\_

Name of Establishment: \_\_\_\_\_  
 Establishment's Address: \_\_\_\_\_  
 Establishment's City, State and Zip Code: \_\_\_\_\_  
 Establishment's Telephone Number: \_\_\_\_\_ Permit Application Center Number: \_\_\_\_\_  
 Establishment's Fax Number: \_\_\_\_\_

**CONTACTS**

**Primary Contact**

Check one - Direct all correspondence to:

Title:  Applicant  Architect  Consultant  Owner  Contractor  Engineer  General Manager  
 Legal Counsel  Parent Company

Name: \_\_\_\_\_ Phone: Office \_\_\_\_\_ Cell \_\_\_\_\_  
 Company: \_\_\_\_\_ Fax \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Architect/Engineer**

Name: \_\_\_\_\_ Phone: Office \_\_\_\_\_ Cell \_\_\_\_\_  
 Company: \_\_\_\_\_ Fax \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Answer All Questions – Do Not Leave Blank**

Indicate below the type of license this establishment is applying for. You may check more than one box.

Check One	Establishment Type	Check One	Establishment Type
<input type="checkbox"/>	Full Service	<input type="checkbox"/>	Retail (No food preparation or service)
<input type="checkbox"/>	Bar	<input type="checkbox"/>	Seafood Market
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Meat Market
<input type="checkbox"/>	Deli	<input type="checkbox"/>	Concession
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	Specialty Shop
<input type="checkbox"/>	School	<input type="checkbox"/>	Mobile Unit
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Seasonal
<input type="checkbox"/>	Coffee Shop	<input type="checkbox"/>	Other (please attach type and specifics of operation)

**SITE PLAN**

		Yes	No
SP01	Is your site plan attached to this application?		
SP02	Does the site plan show the location of the business in the building; location of the building on the site including the location of any outside equipment (dumpsters, well, septic system - if applicable)?		
SP03	Check one of the boxes below: Is the sewage disposal system: <input type="checkbox"/> a public sewer system (i.e., Metropolitan Sewer District, etc.) <input type="checkbox"/> a private sewage disposal system (i.e., septic tank) <b>Note:</b> If you checked "public sewer system", write below the name of the public sewer district _____		
SP04	Check one of the boxes below: Is the water supply: <input type="checkbox"/> a public water supply (i.e., St. Louis County, Kirkwood, etc.) <input type="checkbox"/> a private well <b>Note:</b> If you checked "public water supply", write below the name of the public water district. _____ Distance the well is from the septic system _____		

**CERTIFICATION**

I hereby certify that I accept full responsibility that the information contained herein is true and accurate. I understand the establishment named herein shall be constructed in compliance with the Saint Louis County Food Code. I understand that failure to comply may result in the disapproval of this permit application.

Signature of Authorized Representative of the Establishment

Title of Authorized Representative of the Establishment

Printed Name of Authorized Representative of the Establishment

Date

Phone Number of Authorized Representative of the Establishment

**ROOM FINISH SCHEDULE**

(PLEASE NOTE: Include all food preparation areas, service areas, toilet rooms, bar/waitress stations and vestibule areas.)

Room Name and/or I.D. #, and Plansheet #	Floors				Walls				Ceilings	
	Material	Finish	Base	North	South	East	West	Material	Finish	
<i>Example:</i> Kitchen #101 Plansheet # FP1	Quarry tile	Smooth, sealed	Coved Quarry tile	FRP smooth	FRP smooth	Painted Drywall smooth	Painted Drywall smooth	Vinyl tile	Smooth	

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	Material	Finish	Base	North	South	East	West	Material	Finish	

**EQUIPMENT SPECIFICATIONS**

ES01	Have you attached all of the equipment specification sheets that include the make and model numbers for each piece of equipment?	Yes	No
<p><b>Directions for Equipment Specifications:</b></p> <ol style="list-style-type: none"> <li>1. If the specification sheet lists more than one piece of equipment, identify the specific equipment.</li> <li>2. If there is no specification sheet available, the equipment will only be accepted upon a field inspection.</li> </ol>			