



Transitional Plan Review Application for an Existing Food Service Establishment

Transitional permits are valid for only 180 days from the date of issuance. It is the owner's responsibility to complete the permit conditions before expiration date. Expiration of a transitional permit will require a full plan review application to be submitted.

Purchase Date: _____

Present Name of Establishment: _____

Address: _____

New Name of Establishment: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

E-mail Address: _____

New Owner: _____

(Person, Corporation or Partnership Name)

Title (owner, manager, architect, etc.): _____

Billing Address: _____

City & State _____ **Zip Code:** _____

Telephone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

E-mail Address: _____

I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.

Name: _____

PLEASE PRINT NAME

Signature: _____ **Date:** _____

(Owner or Responsible Representative)





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If there are any changes for this facility a new food service application must be completed.

The information below is required for the transitional permit application to be complete:

_____ Proposed menu

_____ Transitional Plan Review Fee \$100

Hours of Operation

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Type of operation: (check all that apply)

Day	Open	Close		Sit-down meals	
Sunday				Take-out	
Monday				Single-Service	
Tuesday				Multi-use utensils	
Wednesday				Catering	
Thursday				Other (Explain)	
Friday					
Saturday					

Total Number of Seats; Inside _____ Outside _____

Specialized Food Processing Procedures

The processes below require an application to the State for an approved variance.

Indicate any specialized processes that will take place:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Curing | <input type="checkbox"/> Acidification (sushi, etc.) | <input type="checkbox"/> Sprouting Beans |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Reduced Oxygen Packaging (eg: Vacuum sealing) | |
| <input type="checkbox"/> Fermentation | <input type="checkbox"/> Other | |

Must submit State variance application to State Variance committee.

Additional information will be provided by the health department to complete the application.

Water Supply–Sewage Disposal-Equipment Specifications

Water Supply: City _____ Well _____ **Sewer:** City _____ Onsite _____

