

Food Establishment Plan Review Application

Establishment /DBA Information: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel (<i>ownership unchanged</i>) <input type="checkbox"/> Conversion of Existing Facility (<i>new owner</i>)			
Establishment Name:			
Establishment Street Address:	City:	State:	Zip:
Email Address:	Establishment Phone:		
Licensee/Owner (legally responsible, such as owner, the owner's agent, or other person, association, corporation, individual, partnership, other legal entity, government):			
Licensee/Owner Mailing Address:	City:	State:	Zip:
Licensee/Owner Email Address:	Licensee/Owner Phone:		

Site Contact Information	
Site Contact Name:	Title:
Site Contact Email Address:	Site Contact Primary Phone:

Submit the following (<i>Check items that are attached. Incomplete plans will not be reviewed:</i>):	
<input type="checkbox"/> Copy of menu, date plan reviewed submitted: _____, projected completion date: _____ <input type="checkbox"/> Equipment list that includes make and model numbers. <input type="checkbox"/> Copies of other municipal, county, state or Nation Department approvals relating to the retail food establishment. <input type="checkbox"/> New Construction- Architect drawn floor plan drawn to scale with equipment layout and schedule. <input type="checkbox"/> Remodel- Floor plan drawn to scale with equipment layout and schedule. Plans do not need to be architect drawn.	
Processes (Check all that apply):	
<input type="checkbox"/> Thawing <input type="checkbox"/> Cook-Chill <input type="checkbox"/> Cooling <input type="checkbox"/> Smoking <input type="checkbox"/> Outdoor Cooking <input type="checkbox"/> Delivery	<input type="checkbox"/> Curing <input type="checkbox"/> Brining <input type="checkbox"/> Sprouting <input type="checkbox"/> Hot Holding <input type="checkbox"/> Catering
<input type="checkbox"/> Cold Holding <input type="checkbox"/> Sous Vide <input type="checkbox"/> Fermentation <input type="checkbox"/> Partial Cooking <input type="checkbox"/> Buffet <input type="checkbox"/> Food/Salad Bar	<input type="checkbox"/> Reduced Oxygen Packaging <input type="checkbox"/> Fruit & Vegetable Washing <input type="checkbox"/> Using Vinegar for Preservation <input type="checkbox"/> Packaging Juice <input type="checkbox"/> Distribution/Wholesaling <input type="checkbox"/> Molluscan Shellfish Life Support Tank

By signing, you attest all information is accurate, and you will notify the Nation sanitarian if you change information that has been submitted.

Signature – Applicant: _____
Date Signed

Send application and supporting documents to the Nation's Sanitarian at: bnichola@oneidanation.org or mail to Environmental, Land, & Agriculture Division, Attn: Brittany Nicholas, Little Bear Development Center, PO BOX 365, Oneida, WI 54155