RULE 4 FOOD SERVICE FACILITIES - LICENSE APPLICATION
CENTRAL VALLEY HEALTH DISTRICT
Environmental Health Department
EH 100 (06/2026)

INSTRUCTIONS FOR LICENSE APPLICATION

1. **Complete the Application**
   The application must be completed in its entirety (Section 1 and Section 2). Incomplete applications will not be processed and will be returned to the applicant, which may delay review and could result in denial of licensure.

2. **Submit Application Materials**
   Submit all required application documents to Central Valley Health District's Environmental Health Department (hereafter referred to as "the Department") at least **30 days prior** to beginning construction and/or operation. Applications may be submitted using one of the following methods:

   Mail or Deliver to: Central Valley Health District
   Environmental Health Department
   122 2nd St NW
   Jamestown, ND 58401

   Email: eh@centralvalleyhealth.org
   Fax: 701-252-8137

3. **Application Review and Fees**
   The applicant will be contacted to confirm receipt of the application and provided with information regarding the review process and applicable fees. The current CVHD Environmental Health Fee Schedule is available online at https://centralvalleyhealth.org/eh/.

   Note: New, remodeled, and/or change of use facilities will be assessed Facility Application and Facility Licensure fees. Change of ownership from a currently licensed and operating business (no change of services, staff, or remodel) to a new owner will only be assessed the Change of Ownership fee.

4. **Plan Changes**
   Changes to submitted plans may require an additional review. Changes made without prior approval may void the application. The applicant must notify the Department of any modifications to layout, equipment, process flow, or submitted documents.

5. **Licensure and Pre-Operational Requirements**
   A license will not be issued until a pre-operational or change-of-ownership inspection has been completed, and the facility is in compliance. Prior to operation, the facility must also be registered with the North Dakota Secretary of State by calling 701-328-2900.

PLAN REVIEW PROCESS

- **Plan Review Timeline**
  Plan review will begin upon receipt of a complete application and required fee. Allow up to 30 business days for review. Missing or incomplete information may delay the plan review or approval process. Written notification of approval or required revisions will be provided within this timeframe.

- **Approval of Changes**
  Changes to the facility layout, equipment, process flow, or submitted documents must be approved by the Department prior to implementation. Unapproved changes may void the plan review submission and require resubmittal and additional review.

PLAN REVIEW PROCESS (CONTINUED)

- **Additional Approvals**
  Approval by the Department does not constitute approval from other regulatory agencies. The applicant is responsible for obtaining all required local and state approvals, including but not limited to Building, Zoning, Fire, Electrical, and Structural permits. It is recommended that local planning and zoning approval be obtained prior to submitting plans to the Department. Additional agency approvals may be required. Documentation must be submitted prior to final license approval, including but not limited to:

Local Building Code Authority	Contact your city or county for a building permit, building inspection or occupancy certificate.
ND Secretary of State	Register your business at sos.nd.gov/business/business-services or call 701-328-2900.
ND State Tax Commissioner	Apply for state tax ID number at nd.gov/tax/businesses or call 701-328-1241.
ND Attorney General	Apply for a liquor license at attorneygeneral.nd.gov or call 701-328-2210.
ND State Fire Marshal	Request a fire inspection from the state or local fire authority at firemarshal.nd.gov or call 701-328-5555.
ND State Plumbing Board	Request a pluming certification or proof of licensed installation at ndplumbingboard.gov or call 701-238-9977.
ND State Electrical Board	Request an electrical certificate or proof of licensed installation at ndseb.com or call 701-328-9522.
ND Dept of Environmental Quality	Submit water and wastewater system plans for approval to Division of Municipal Facilities at deq.nd.gov/MF or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact the Department for permit requirements.

AQUATIC FACILITY: APPLICANT CHECKLIST

This checklist serves as a guide for aquatic facility applicants and includes a listing of documentation that may be required with the submission of the application.

NEW/REMODELED/CHANGE OF USE FACILITY

- ☐ Section 1 & 2
- ☐ Floor Plan Drawing
- ☐ Equipment List
- ☐ Local Building Inspection*
- ☐ Fire Inspection
- ☐ Menu

OTHER DOCUMENTS (IF APPICABLE)

- ☐ Plumbing Certificate
- ☐ Electrical Certificate
- ☐ Private Source Water Supply Testing Results
- ☐ Private Sewage Disposal Witten Approval/Permit
- ☐ Commissary Facility's Food Service License
- ☐ **Hazard Analysis and Critical Control Point (HACCP) Plan** – Submission
  Submit a HACCP Plan and request a variance or waiver for special processes such as curing food, reduced oxygen packaging, cook-chill, sous vide, smoking for preservation not only for flavor, or using additives to preserve food not only as a flavor enhancement. See Plan Review Checklist Section "Specialized Processes" and FDA Food Code Chapter 3.
- ☐ Variance Application
- ☐ **Time as Public Health Control (TPHC) Plan** – Submission
  Submit a TPHC Plan for processes when Time/Temperature Control for Safety (TCS) food will be held without temperature control. See Plan Review Checklist Section "Time as Public Health Control" and FDA Food Code Chapter 3.

CHANGE OF OWNERSHIP ONLY (Includes facilities with same services and staff with no remodel.)

- ☐ Section 1

*NOTE: Each jurisdiction has different building inspection processes. Consult with your local jurisdiction to determine the necessary inspection requirements.

SECTION 1: FOOD SERVICE FACILITY AND OWNER INFORMATION

NEW BUSINESS / CHANGE IN OWNERSHIP INFORMATION

☐ New business/newly built business or new construction

☐ Change in ownership of a currently licensed business with no changes to service offered and no remodel

☐ Existing Owner/Change in ownership of a currently licensed business with remodel, renovation, or changes to service offered

For Change of Ownership:

Previous Business Name:	Previous Owner Name:	Change in Ownership Effective Date:

FACILITY INFORMATION

Facility Name:	Facility Email Address:	Facility Telephone Number:	
Facility Physical Address:	City:	State:	Zip Code:
Facility Mailing Address: (if different from above)	City:	State:	Zip Code:

Are you using another food service facility for food preparation, handling, or food/utensil storage? ☐ YES ☐ NO
If YES, please complete **Section 1B** on page 4.

OWNER INFORMATION

Owner Name:	Email Address:	Telephone Number:	
Mailing Address:	City:	State:	Zip Code:

LICENSE INFORMATION

Check all license types that apply if operated at the same premises under the same ownership:

☐ Bar/Tavern (beverage and liquor sales only; no food service)
☐ Child Care Food Service Facility
☐ Limited Restaurant (limited menu such as heat and serve only)
☐ Restaurant/Catering (food service, dining, cafe, catering, and/or fast food)
☐ School (K-12) Food Service Facility

Liquor License Number: (if applicable)	Total Square Footage: (include food prep, storage, display, and service areas)	
Estimated Opening Date	Facility Operation Plan: ☐ Year Round ☐ Seasonal	Total Seating Capacity: (if applicable)
If seasonal, list months of operation: ☐ N/A	What are the planned hours of operation? (include days and times)	

I acknowledge that I have reviewed Central Valley Health District Rule #4 Food Service Facilities governing the operation of food service facilities in North Dakota. I certify that the facility for which this application is made will be operated in compliance with all applicable statutes, rules, and regulations.

Owner/Designee Signature	Date

LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR

SECTION 1B: COMMISSARY FOOD SERVICE FACILITIES

SECTION 1B: COMMISSARY FOOD SERVICE FACILITIES

Complete this section when using another food service facility for food preparation, handling, and/or food/utensil storage. If it is using multiple food service facilities, applicants must complete a separate Section 1B for each facility.

"Commissary," also known as a shared kitchen, means leased or rented facility with a catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored, including a service center or base of operations directly from which caterers are supplied or serviced.

IF THE APPLICANT IS NOT A COMMISSARY, PLEASE SKIP TO SECTION 2.

COMMISARRY INFORMATION			
Name of Commissary:	License Number:	Commissary Telephone Number:	
Facility Commissary Address:	City:	State:	Zip Code:
Commissary Owner:	Commissary Owner Email Address:		

*If commissary is a licensed food service facility, attach a copy of the current food service license and submit with application. If the facility is not licensed, the facility will need to complete the full license application.

SERVICES TO BE CONDUCTED AT THE COMMISSARY (check all that apply)

Commissary to be used on a:

☐ Daily Basis ☐ Weekly Basis ☐ Other: (explain)

☐ Cleaning
- ☐ Cleaning Area
- ☐ Mop Sink/Utility Room
- ☐ Utensil/Warewashing Area

☐ Approved portable water source

☐ Wastewater disposal

☐ Garbage disposal

☐ Food preparation area

☐ Storage

FOOD
- ☐ Refridgeration storage
- ☐ Frozen storage
- ☐ Dry storage

NON-FOOD
- ☐ Equipment and supplies
- ☐ Chemicals
- ☐ Overnight storage

The below signed attest the commissary will be used for the designated services indicated.

Commissary Owner Signature	Date
Food Service Facility Owner/Operator Signature	Date

COMMISSARY FACILITIES MUST COMPLETE SECTION 2 (QUESTIONS 1-14 ONLY) AND SUBMIT WITH APPLICATION

SECTION 2: PLAN REVIEW

Requirements provided in this document are consistent with Central Valley Health District Rule #4 for Food Service Facilities is based on North Dakota Century Code 23-09, Administrative Code 33-33-04.1, and 2017 FDA Model Food Code which all contain requirements for protecting public health and ensuring food is safe and honestly presented.

Change of Ownership Facilities (with same food menu and no remodel work) do not need to complete Section 2.

PROJECT INFORMATION			
CONSTRUCTION, REMODEL, CONVERSION, RENOVATION ESTIMATIONS			
Project Start Date:	Estimated Completion Date:		
POINT OF CONTACT INFORMATION			
CONTACT #1			
Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:	Telephone Number:		
CONTACT #2			
Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:	Telephone Number:		
CONTACT #3			
Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:	Telephone Number:		
CONTACT #4			
Role: ☐ Architect ☐ Designer ☐ Professional Engineer ☐ Other:			
Name:			
Address:	City:	State:	Zip Code:
Email Address:	Telephone Number:		

SECTION 2: PLAN REVIEW (CONTINUED)

A. Submit a floor plan drawing (8.5" X 11" to scale minimum) showing the following:

- Identify the locations of all entrances, exits, food preparation, serving and seating areas, warewashing, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, loading/unloading areas or docks, chemical supply storage, and refuse areas (interior/exterior)..
- Label the location and dimensions of all required sinks including handwashing sinks, dishwashing sinks, food preparation sinks, and mop or utility sinks. All sinks shall be located to prevent cross-contamination.
- Include equipment list and equipment specification sheets.
- Include room size, aisle space, and spaces between, under, or behind equipment.
- Label the location of all food storage, heating, cooling, and service equipment with the common name (examples of equipment include refrigeration, walk-in coolers, walk-in freezers, hot-holding units, buffet units, ice machines, stovetops/grills, ovens, warmers, and fryers).
- Provide exhaust ventilation layout including location of hood, and fire suppression equipment, if applicable.
- Indicate if your food establishment will have exposed (unscreened) outer openings (i.e., retractable doors, etc.)

B. Attach a proposed menu or list of food and beverages to be offered.

- A consumer advisory may be required if animal foods are offered as rare, raw, or under cooked. See 'Cooking' (Question 10) and FDA Food Code Chapter 3.

C. Plan review checklist

- Complete **Section 2** and submit with application and requested documents.
- For questions about specifications, see the Food Establishment Plan Review Manual.

SECTION 2: PLAN REVIEW (CONTINUED)

EMPLOYEE HEALTH AND PERSONAL HYGIENE

1. EMPLOYEE TRAINING (Food Code Chapter 2)

Will employees/operators be trained on all the below health and safety procedures?

Proper handwashing	☐ Yes	☐ No	☐ N/A
No bare-hand contact with ready-to-eat foods	☐ Yes	☐ No	☐ N/A
Food safety	☐ Yes	☐ No	☐ N/A
Food allergy awareness	☐ Yes	☐ No	☐ N/A
Food defense from intentional contamination	☐ Yes	☐ No	☐ N/A
Preventative controls	☐ Yes	☐ No	☐ N/A
Corrective actions	☐ Yes	☐ No	☐ N/A
Illness reporting	☐ Yes	☐ No	☐ N/A
No unnecessary people in the food areas	☐ Yes	☐ No	☐ N/A

Will a Certified Food Protection Manager (CFPM) be employed? ☐ Yes ☐ No ☐ N/A

NOTE: CFPM is not required in CVHD Rule #4 Food Service Facilities but is highly recommended. Additional resources about becoming a CFPM are available online at hhs.nd.gov/foodandlodging.

2. EMPLOYEE HEALTH POLICY (*Food Code Chapter 2*)

Will an employee/operator health policy be implemented? ☐ Yes ☐ No ☐ N/A

Including symptoms that require exclusion or restriction from working with food:

- Diarrhea
- Vomiting
- Jaundice
- Sore throat with fever
- Lesions

Including reportable diagnosis which requires the **Person in Charge** to report to the **Regulatory Authority** and receive approval before the employee returns to work:

- Norovirus
- Typhoid fever
- Salmonellosis
- Shigellosis
- STEC infection
- Hepatitis A

NOTE: To learn more about an employee health policy visit Employee Health and Personal Hygiene Handbook. Additional employee health resources are available at hhs.nd.gov/foodandlodging.

FOOD SOURCE, STORAGE/DISPLAY, AND PROCESSES

3. FOOD SOURCE (*Food Code Chapter 3*)

Provide names of food supplier(s), delivery company, etc. you will be utilizing to source food:

NOTE: All food supplies must be from inspected & approved sources.

SECTION 2: PLAN REVIEW (CONTINUED)

4. FOOD STORAGE/DISPLAY (Food Code Chapter 3)

Identify the location of each food storage/display on the included floor plan. Also include the space (estimated in cubic feet) and list the number of units (refrigerators/freezers) available.

Dry Storage

Is there dry storage? ☐ Yes ☐ No ☐ N/A

Total number cubic feet:

Cold Storage

Is there cold storage? ☐ Yes ☐ No ☐ N/A

Number of units:

Total number cubic feet:

Freezer Storage

Is there freezer storage? ☐ Yes ☐ No ☐ N/A

Number of units:

Total number cubic feet:

Cold storage equipment list: (select all that apply)

☐ Upright Reach-In ☐ Under Counter (low boy, high boy, drawers) ☐ Preparation Table

☐ Walk-In Refrigerator ☐ Walk-In Freezer ☐ Display Unit

☐ Other:

NOTE: Each refrigerator/freezer requires a thermometer to verify temperature. Refrigerators must maintain foods at 41°F or below and freezers must maintain foods frozen.

Describe any off-site storage locations: (if applicable)

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? ☐ Yes ☐ No ☐ N/A

If YES, how will cross-contamination be prevented?

NOTE: Food contact equipment, single-service items including packaging, and food on display must be protected from contamination by storing in a clean, dry container, where it is not exposed to splash, dust, or other contamination and at least 6 inches off the floor.

5. FOOD PROCESSES (Food Code Chapter 3)

Select types of Temperature Control for Safety (TCS) foods that will be stored, prepared, served, and sold: (select all that apply)

☐ Thin cuts of meat, poultry, or fish ☐ Hot foods (soups, stews, casseroles)

☐ Thick cuts of meat, roasts, or whole poultry ☐ Bakery goods (pies, custards, creams)

☐ Cold foods (salads, sandwiches, vegetables) ☐ Other (describe):

☐ Shellfish or seafood

6. Washing of Fruits and Vegetables

Will a designated food preparation sink be available? ☐ Yes ☐ No ☐ N/A

Will chemicals be used for washing fruits and vegetables? ☐ Yes ☐ No ☐ N/A

7. Thawing of TCS Foods

Will be done under refrigeration at 41°F or below? ☐ Yes ☐ No ☐ N/A

Will be done completely submerged under running water 70°F or below? ☐ Yes ☐ No ☐ N/A

As part of the cooking process (such as microwave then immediate cooking)? ☐ Yes ☐ No ☐ N/A

SECTION 2: PLAN REVIEW (CONTINUED)			
8. **Cooking**			
Will all foods be cooked per ND Food Code requirements?	☐ Yes	☐ No	☐ N/A
If NO, will a Consumer Advisory be provided as required?	☐ Yes	☐ No	☐ N/A
Will there be food served undercooked and/or raw?	☐ Yes	☐ No	☐ N/A
If YES, indicate the foods which will be served undercooked/raw: ☐ Eggs to Order ☐ Steaks ☐ Hamburgers ☐ Sushi ☐ Other:			
Is a thermometer or other temperature measuring device available to measure final cooking temperatures?	☐ Yes	☐ No	☐ N/A
Equipment: (check all that apply) ☐ Stovetop ☐ Oven ☐ Fryer ☐ Broiler ☐ Grill ☐ Cook Top ☐ Griddle ☐ Other:			
9. **Hot Handling**			
Will food be cooked and then held until service (at >135°F)?	☐ Yes	☐ No	☐ N/A
If YES, indicate type and total number of hot holding units: _____			
Will customer self-service (buffet-style) be provided?	☐ Yes	☐ No	☐ N/A
Will food items being hot held be saved for reuse or leftovers?	☐ Yes	☐ No	☐ N/A
10. **Cold Handling**			
Will food be prepared and then held until service (at 41°F or less)?	☐ Yes	☐ No	☐ N/A
Will customer self-service (salad bar, buffet-style) be provided?	☐ Yes	☐ No	☐ N/A
Will food items being cold held be saved for reuse or as leftovers?	☐ Yes	☐ No	☐ N/A
11. **Time as a Public Health Control (TPHC) Plan***			
Will TCS foods be held without temperature control?	☐ Yes	☐ No	☐ N/A
NOTE: A Time as a Public Health Control Plan may be required.			
12. **Cooling**			
Will TCS foods be cooled following preparation at room temperature, cooking, heating, or reheating?	☐ Yes	☐ No	☐ N/A
If YES, select from the following methods used to cool food to 41°F within 6 hours (from 135° to 70°F in 2 hours and to 41°F within 4 hours): ☐ Shallow pans ☐ Ice baths ☐ Reduce volume ☐ Rapid chill (ice wand, blast chill) ☐ Pre-chilled prior to preparation (cold salads) ☐ Other:			
13. **Reheating**			
Will food be reheated for immediate service (leftovers, prepackaged precooked items)?	☐ Yes	☐ No	☐ N/A
Will food be reheated for hot holding (heated to 165°F for 15 seconds within 2 hours and then maintained at 135°F or higher)?	☐ Yes	☐ No	☐ N/A
Will food items reheated for hot holding be saved for reuse or as leftovers?	☐ Yes	☐ No	☐ N/A
14. **Specialized Processes* (select all that apply)**			
☐ N/A ☐ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill) ☐ Curing, Brining, Fermenting ☐ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi) ☐ Smoking (for food preservation) ☐ Other:			
*A Hazard Analysis Critical Control Point (HACCP) Plan or variance waiver request may be required.			

SECTION 2: PLAN REVIEW (CONTINUED)

FACILITY INFORMATION

15. **FINISH SCHEDULE (Food Code Chapter 6)**

Describe floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic coved molding, etc.). Label each area on the floor plan. Indicate N/A as applicable.

AREA	FLOOR	FLOOR/ WALL JUNCTURE	WALLS	CEILING
Food Preparation/ Kitchen				
Dry Food Storage				
Ware Washing/ Dishwashing Area				
Walk-in Refrigerators and Freezers				
Mop/Service Sink				
Garbage/Refuse Area				
Toilet Rooms and Dressing Rooms				
Other Area(s):				

Provide the finish of the following:

Cabinets	Countertops	Shelving

Additional Information:

SECTION 2: PLAN REVIEW (CONTINUED)

PHYSICAL FACILITIES (Food Code Chapter 4, 5, and 6)

16. **Ventilation and Fire Suppression***

Will grease laden vapors be produced during cooking?** ☐ Yes ☐ No ☐ N/A

Are exhaust hoods present over all cooking equipment? ☐ Yes ☐ No ☐ N/A

If YES, label location(s) of hoods on floor plan drawing.

What type of fire suppression or extinguishers are located on-site?

☐ 2A10BC extinguisher ☐ Type K extinguisher ☐ Fire suppression ☐ Other:

*Local regulations may govern ventilation & fire protection requirements. Submit a copy of the fire inspection report when available.

** Grilling or frying activities which produce grease laden vapors require a hood AND fire suppression system, and a Class K fire extinguisher; ND Fire Code Chapter 3, Section 319 and ND Administrative Rule 10-07-01-04.

17. **Handwashing Facilities**

Identify total number of the handwashing sinks in each of the following locations:

Food Preparation	Warewashing Area	Bar Area

NOTE: All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.

18. **Ware Washing/Dishwashing Facilities**

Select the type of dishwashing which will be used and complete the applicable questions: ☐ Manual ☐ Mechanical

Manual Dishwashing ☐ N/A

3-compartment sink(s) dimensions: ☐ Yes ☐ No ☐ N/A

Length	Width	Depth

Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? ☐ Yes ☐ No ☐ N/A

If NO, how will the cleaning and sanitizing of those large items be completed:

What type of food-contact sanitizer will be used? (select all that apply)

Chemical: ☐ Chlorine ☐ Quat ☐ Iodine ☐ Other: _____

Will test strips be on site? ☐ Yes ☐ No ☐ N/A

Hot water sanitizing – Hot water temperature: _____

Will maximum temperature thermometer or temperature strips be on site? ☐ Yes ☐ No ☐ N/A

Mechanical Dishwashing ☐ N/A

Are the temperature and pressure gauges accurately working? ☐ Yes ☐ No ☐ N/A

What type of food-contact sanitizer will be used? ☐ Yes ☐ No ☐ N/A

Chemical: ☐ Chlorine ☐ Quat ☐ Iodine ☐ Other: _____

Will test strips be on site? ☐ Yes ☐ No ☐ N/A

Hot water sanitizing – Hot water temperature: _____

Will mamimum temperature thermometer or temperature strips be on site? ☐ Yes ☐ No ☐ N/A

Hot water booster present ☐ Yes ☐ No ☐ N/A

Ventilation hood installed above the dishwasher? ☐ Yes ☐ No ☐ N/A

Will clean-in-place need to be done for any equipment? ☐ Yes ☐ No ☐ N/A

If YES, list or describe kitchen equipment:

SECTION 2: PLAN REVIEW (CONTINUED)			
19. **Air Drying**			
Is there adequate space provided for air drying dishes and utensils? Describe in detail: (include the location, size, type of drainboards, wall-mounted or overhead shelves, stationary or portable racks, etc.)	☐ Yes	☐ No	☐ N/A
20. **Additional Sink Facilities**			
Is there a mop/service sink (at least 1 is required)?	☐ Yes	☐ No	☐ N/A
Is there a food preparation sink (i.e., fruit and vegetable washing)?	☐ Yes	☐ No	☐ N/A
Is there a dump sink (dedicated to discarding liquids, i.e., bar area drinks or coffee)?	☐ Yes	☐ No	☐ N/A
21. **Water Supply**			
Is the water sourced from a city or public system?	☐ Yes	☐ No	☐ N/A
Is the water sourced from a private system (i.e., private well water)? If YES, a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing available here.	☐ Yes	☐ No	☐ N/A
22. **Ice**			
Will ice be purchased commercially?	☐ Yes	☐ No	☐ N/A
Will an ice machine be used on-site for ice production?	☐ Yes	☐ No	☐ N/A
23. **Sewage Disposal**			
Is sewage disposal through a city or public system?	☐ Yes	☐ No	☐ N/A
Is sewage disposal through a private system? If YES, a copy of the written approval or permit will be required. Information on septic systems available here.	☐ Yes	☐ No	☐ N/A
Are grease traps/interceptors installed for the disposal system?	☐ Yes	☐ No	☐ N/A
24. **Plumbing**			
Is all plumbing work installed to code? If YES, attach certificate or proof of licensed installation. If NO, explain in detail:	☐ Yes	☐ No	☐ N/A
25. **Restrooms**			
Are the number of restrooms and their location to code?	☐ Yes	☐ No	☐ N/A
Are there covered waste receptacle in the female restroom?	☐ Yes	☐ No	☐ N/A
Are the handwashing facilities equipped with hot/cold water?	☐ Yes	☐ No	☐ N/A
Are the doors tight fitting and self-closing?	☐ Yes	☐ No	☐ N/A
26. **Employee Storage/Dressing Rooms**			
Is there a suitable area for storage of employee belongings and private changing area, if necessary?	☐ Yes	☐ No	☐ N/A
27. **Poisonous or Toxic Materials (FDA Food Code Chapter 7)**			
Will only poisonous or toxic materials necessary for the operation of the facility be allowed, be clearly labeled, and will they be stored to prevent contamination?	☐ Yes	☐ No	☐ N/A
28. **Pest Control Management Program**			
Are all outside doors self-closing and rodent proof?	☐ Yes	☐ No	☐ N/A

SECTION 2: PLAN REVIEW (CONTINUED)			
28. **Pest Control Management Program (continued)**			
Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents?	☐ Yes	☐ No	☐ N/A
If applicable, what pest control method will be used? (select all that apply) ☐ Screens (16 mesh to 1 inch) ☐ Air curtains ☐ Other effective means			
Is pest control management contractor planned?	☐ Yes	☐ No	☐ N/A
If YES, list contractor: _____			
Is area around building clear of unnecessary brush, litter, and other harborage?	☐ Yes	☐ No	☐ N/A
Are all pipes and electrical conduit cases be sealed to prevent pests?	☐ Yes	☐ No	☐ N/A
29. **Refuse, Recyclables, and Returnables**			
Do all garbage or refuse containers have lids for when not in continuous use?	☐ Yes	☐ No	☐ N/A
Will a dumpster(s) or compacter be used outside?	☐ Yes	☐ No	☐ N/A
If YES, number of dumpsters: _____ frequency of pick up: _____			
How will refuse containers and floor mats be cleaned:			
Will grease storage containers be stored on-site?	☐ Yes	☐ No	☐ N/A
If YES, describe location in detail:			
If facility is recycling where will recycling be taken to/picked up by?			
30. **Laundering**			
Is laundering provided on-site?	☐ Yes	☐ No	☐ N/A
If YES, how will you store dirty and clean linens? (include laundering location on drawing)			

ADDITIONAL INFORMATION
Include any additional information relevant to facility not elsewhere included:

SECTION 2: PLAN REVIEW (CONTINUED)

ACKNOWLEDGEMENTS

Please acknowledge the following statements by initializing in the space provided:

_____ Should any imminent health hazard risks such as: fire, flood, sewer back-up, interruption of electrical or water service, insect or rodent infestation occur in the facility, the facility will contact the Department as soon as feasible for guidance for business closure or ongoing operation.

_____ The facility will be aware that there are products/additives that may not be allowed to be served in food as they are not generally recognized as safe (GRAS) by the FDA. The facility may contact the Department for guidance in determining the food products GRAS standing.

_____ Licenses are non-transferable and expire December 31st of each year. If you are selling your business, the new owner must contact Department for plan review and licensure. If the facility requires updates to meet current health code, updates will need to take place prior to the new licensure.

I understand that plan approval does not constitute compliance with state or local licensing requirements and does not authorize operation or occupancy of a food service facility. Approval of plans is not the issuance of a license and does not represent endorsement of the completed structure or equipment. I understand that pre-operational inspection is required to determine compliance with laws governing food service establishments and to grant final license approval prior to operation.

I certify that the information submitted is accurate and understand that any deviation from the approved plans without prior written approval from Central Valley Health District's Environmental Health Department may void this plan review submission.

Owner/Designee Signature	Date