

**APPLICATION FOR FOOD ESTABLISHMENT
PLAN REVIEW**

RETURN TO: City of Minnetonka, Environmental Health Division, 14600 Minnetonka Blvd., Minnetonka, MN 55345 Phone: (952) 939-8200 Fax: (952) 939-8244

NAME OF FACILITY: _____
(Corporate and Outlet Name Where Appropriate)

ADDRESS OF FACILITY: _____

NAME OF OWNER: _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

RESPONSIBLE AGENT IF OTHER THAN OWNER (*plan review correspondence will be sent to this person*):

NAME/TITLE: _____

CHECK MOST APPROPRIATE: Operator Contractor Designer/Architect
 Supplier
 Other (Specify) _____

MAILING ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

BASIC FACILITY INFORMATION: New Remodeled Conversion

PLAN REVIEW FEE: _____ (New 100% of license fee; Remodel 50% of license fee)

SERVICE TYPE: Provide description of the basic type of food and beverage service and nature of operation:

MENU INFORMATION (also attach a copy of the menu): Type of food/beverage products involved, basic delivery information (sources):

EMPLOYEE INVOLVEMENT: Provide information on the number and the category of workers anticipated, both total and per shift;

PROJECTED SERVICE CAPACITY:

Seating: _____ Services: _____
Other (Specify):

CONSTRUCTION: Anticipated Start Date: _____

Anticipated Completion Date: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NOTE: FINAL APPROVAL OF THE PLAN REVIEW WILL NOT BE ISSUED UNTIL APPROVAL IS OBTAINED FROM THE FOLLOWING DEPARTMENTS:

- | | |
|-------------------|-----------------|
| Planning & Zoning | Plumbing |
| Building | Fire |
| Electrical | Mechanical/HVAC |

Allow at least 10 working days from the time the complete plans and information are submitted for the plan review process. Structural work should not be initiated before the plans are approved.