

APPLICATION FOR BUSINESSES SERVING OR PREPARING FOOD

Date of Application: _____

Name of Business: _____

Physical Address of Business: _____

Business Owner Contact Information: Home #(_____) _____

Cell # (_____) _____

Email address: _____

1. Has the facility for which this application is hereby made been previously permitted by the Department of Health and Hospitals for the purpose of operating a Retail Food Establishment? ___ Yes ___ No

If yes, what was the name of the previous business? _____

2. Will the occupancy classification(i.e. bar, restaurant, grocery) of the business for which you are applying remain exactly the same as the previous business?

___ Yes ___ No

3. Name of responsible agent if different from business owner: _____

Phone #(_____) _____ Email: _____

Mailing Address: _____

4. Type of Business:

___ Restaurant	___ Seafood Market
___ Restaurant/Bar	___ Meat Market
___ Bar	___ Bakery
___ Grocery-Packaged only(chips and candy bars)	___ Hospital/Clinic Cafeteria
___ Grocery-deli(kitchen)	___ Day care/with food preparation
___ Nursing home cafeteria	___ Group home- # of residents ___
___ Other – be specific _____	

5. Type of submission: ___ change of existing business ownership only
 ___ conversion of non-food establishment to food establishment
 ___ new construction of retail food establishment
 ___ renovation/remodel of existing retail food business
 ___ reopening of previously closed food establishment
 How long was it closed? _____
 ___ change of existing retail food business and property ownership
 ___ other – be specific: _____

6. If increasing the square footage of the business or the usable area, indicate the following:

Existing footage: _____
Proposed square footage change: + _____
Total = _____

7. Total square footage of business: _____

Usable square footage of business: _____

(Note: According to La State Plumbing Code, the usable square footage is the total square footage minus kitchen, toilets, halls, and heating-ventilation-air space. **Do not subtract space for shelving, tables, or any equipment that is not permanently attached).**)

8. Plumbing:

Restrooms

<u>LADIES</u>		<u>MEN</u>
_____ # of toilets	_____ # of toilets	_____ # urinals
_____ # hand wash sinks	_____ # hand wash sinks	

Other Plumbing

Water fountains: # provided _____ not applicable(state reason) _____

Indirect drain connections provided at food preparation sinks(including 3 compartment sink):

___ Yes ___ No ___ Not applicable(state reason) _____

9. Grease trap size provided or proposed for facility: _____
(Note: It is recommended that specifications for grease trap or grease interceptor are submitted and approval received **prior to purchasing the device.**)

10. What is the method of garbage/waste disposal? _____

FLOOR PLAN IS REQUIRED (HAND-DRAWN OR PROFESSIONALLY DRAFTED)

_____ Date of Signature: _____
Signature of person preparing this form

Print name of Person Preparing this form: _____

Print Title of Person preparing this form: _____

**Upon completion of this form, turn in to City of Abbeville, Permit Department.
This form along with drawings submitted will be reviewed by the City's Building Code Enforcement Officer for compliance.**

**CONTACT INFORMATION:
City of Abbeville, Permit Dept. (337)898-4213
Building Code Enforcement Officer (337)893-8397**

**Plan Review and Inspection Fee: \$125.00
(this fee must be paid before occupancy is granted)**

For Office Use Only:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature	_____	Date: _____