Protective Health Services

Oklahoma State Department of Health

Consumer Protection Division

Remit this form with fee and plans to:

Johnston County Health Department
1080 S. Byrd Street
Tishomingo, OK 73460
580-371-2470

PLAN REVIEW APPLICATION FOR A FOOD OR LODGING ESTABLISHMENT
(This is not a license to operate)

Establishment Name: _____/_____
County

Street Address: _____City:_____St:_____Zip:_____

APPLICANT INFORMATION - Complete the Following E-Mail Address:_____

Cell phone:_____

Applicant Name:_____Telephone:_____

Applicant Address:_____

Applicant City, State, Zip:_____

CONTACT INFORMATION IF DIFFERENT:

Cell phone:_____

Contact Name:_____Telephone:_____

Contact Address:_____

Contact City, State, Zip:_____

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ L.L.C

If Applicable: State Tax ID #_____ and/or Fed ID #_____

Type of Construction:

- ☐ New Construction (including new seasonal and new mobile establishments).
- ☐ Remodel of existing food service establishment.
- ☐ Conversion of existing structure for use as a food establishment.
- ☐ Existing establishment which changes the type of operation.

(Temporary food establishments are exempt from plan review and will be evaluated for compliance on site.)

HEALTH DEPARTMENT USE ONLY

Date Copies of Rules Received_____

- ☐ OAC 310:225 _____owner
- ☐ OAC 310:240
- ☐ OAC 310:257 _____manager
- ☐ OAC 310:260
- ☐ OAC 310:285

Date Received: _____/_____/_____
Receipt #: _____
White Copy - OSDH
Yellow Copy - Applicant &/or City License App.
Pink Copy - County Health Dept.

This Application must be submitted with the **Fee of $200.00** made payable to the local County Health Department where establishment will be located. The application must be completed in full. All facilities must be inspected and licensed prior to operation. **Completion and submission of this form does not constitute authorization to open a food service, warehouse, processor, drug manufacture or lodging establishment. THIS FEE IS NON-REFUNDABLE.**

NOTE: Plans and Equipment Schedule must be submitted with this application.

_____
Applicant Signature/Title/Date

DO NOT SEND CASH !! SEND CHECK OR MONEY ORDER ONLY
Submit this application, plans, and payment to the local County Health Department.
(If this form is down-loaded, please submit in triplicate).

Instructions for Application and Fee Submission

(This is not a license to operate)

A person may not operate a food service, manufacturing or lodging establishment without a valid license to operate, issued by the regulatory authority. A person desiring to operate an establishment shall submit to the Oklahoma State Department of Health (respective County Health Department in which the establishment shall be licensed) a Plan Review Application on Form # 824 along with the application fee and plans. *This process allows us to assist you from the beginning and to use your resources wisely. The consultation that we provide will help eliminate costly mistakes in the construction, conversion or purchase of the establishment.*

A. Applications for Plan Review shall be submitted for:

- New Construction (where no current license exists). - Includes new seasonal and new mobile establishments.
- Remodel of existing food service establishment.
- Conversion of existing structure for use as a food establishment.
- Existing establishment which changes the type of operation.

B. Submission of the application shall include:

1. The name, mailing address, telephone number(s), approximate number of employees, and signature of person applying for the license and the name, mailing address and location of the establishment. **The Plan Review Fee shall be included with submission of the Application Form # 824**.

2. Information specifying whether the establishment is owned by an individual, partnership, corporation, or other legal entity, State and/or Federal ID #'s, if applicable and type of construction (ie. new, remodel, conversion).

3. Signature and date of applicant.

4. Plans and specifications.

C. Contents of plans and specifications shall include:

1. The proposed layout or floor plan, including location of equipment, sinks, etc. (should be drawn to scale or indicate dimensions);

2. The intended menu and the anticipated volume of food sold, stored, prepared or served, (if applicable);

3. Proposed equipment types, manufacturer and model numbers (if available); and

4. Other information that may be required by the Department for the proper review of the proposed construction, conversion or modification, and procedures needed for operating an establishment in the respective license classifications. (ie. finish schedule, plumbing, mechanical, construction material, etc.).

Protective
Health Services
Oklahoma State
Department of Health

1000 NE 10th St., P. O. Box 268815
Oklahoma City, OK 73126-8815
Telephone 405/271-5243 Fax 405/271-3458
OK.gov/health

LODGING ESTABLISHMENT PLAN REVIEW APPLICATION GUIDELINE

(Please complete all applicable sections)

☐ NEW ☐ REMODEL ☐ CONVERSION

Name of Establishment:_____

Number of guest rooms:_____

Establishment Address:_____

Contact Phone and Name:_____

Name of Owner:_____

Owner's Mailing Address:_____

Owner's Telephone:_____

Owner's Email Address:_____

Applicant's Name:_____

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

Applicant's Mailing Address:_____

Applicant's Telephone:_____

Applicant Email Address:_____

1. Projected Date for Start of Project: _____

2. Projected Date for Completion of Project: _____

3. It is recommended that plans be drawn to scale or have dimensions indicated. Plans should be submitted at a minimum of a 8.5 X 11 sheet of paper.

4. Finish schedule of surfaces for floors, walls, ceilings, and food storage/prep areas.

5. Laundry room detail including equipment and provisions for storage of clean and soiled items.

6. Location and type of ice machines. (Note: Ice machines for customer self service shall be automatic dispensing in a manner which eliminates the possibility of contact except for that portion being dispensed.) If the operator will dispense ice, please describe in detail.

7. Location and manner for refuse disposal.

8. Water Supply

A. Is the water supply public ( ) or non-public/private ( ) ?

B. If private, has source been approved? YES ( ) NO ( )
Attach copy of written approval and/or permit from DEQ (or provide prior to opening).

9. Sewage Disposal

A. Is the sewage system public ( ) or non-public/private ( ) ?

B. If private, has sewage system been approved? YES ( ) NO ( )
Attach copy of written approval and/or permit from DEQ (or provide prior to opening).

10. Documentation from the Fire Code Official having jurisdiction for compliance with Life Safety Code 101. The Authority Having Jurisdiction (AHJ) will normally be the Fire Marshall for the municipality where the establishment is located. If there is no local AHJ then the document must be from the State Fire Marshall's Office.

11. If limited food will be provided as authorized by the lodging regulations, provide a floor plan indicating the location and types of equipment, sinks, finish schedule, storage areas, a detailed description of the foods and beverages to be provided, and a description of any preparation required by the operator or customer. The limitations for food service under a lodging license are found in section 310:285-3-14. **Note:** If equipment requiring warewashing or multi-use utensils are provided either in the guest rooms or food service area, facilities shall be provided for warewashing as provided in the lodging rules.

12. Affidavit of Lawful Presence by owner if individual ownership.

13. If this lodging establishment will have a swimming pool or spa, please submit an application with plans to the Oklahoma State Department of Health for a public bathing place in accordance with Chapter 315, Public Bathing Place Facility Standards.