

Maximum Meals to be Served:

Breakfast_____

Lunch_____

Dinner_____

Projected Date for Start of Project:_____

Projected Date for Completion of Project:_____

Type of Service:
(check all that apply)

Sit Down Meals_____

Take Out_____

Caterer_____

Mobile Vendor_____

Other_____

In addition to the Public Facility Plan Review Worksheet, the following items are requested to be submitted to the Saint Croix County Health Department prior to new construction or remodeling:

- Room and area finish descriptions for walls, floors, ceilings, and baseboards.
- An equipment layout plan, drawn to scale, including complete equipment identification.
- Kitchen exhaust hoods, if applicable, describe on plan: Type 1 or Type II.
- Proposed menu of foods to be prepared and served.
- Knowledge of a functional flow process must be demonstrated indicating how food will be handled from the time it is received until it is served to the consumer.
- The availability of adequate refrigeration for both cooling and holding food shall be demonstrated. Special provisions shall be provided to cool potentially hazardous foods.
- Proof of food manager certification for the establishment manager, or registration in an upcoming class.