



TOWN OF CONCORD

BOARD OF HEALTH
141 KEYES ROAD
CONCORD, MA 01742
(978) 318-3275 FAX: (978) 318-3281

Food Service Establishment Plan Review

New Establishment (\$300) Remodel of Existing Establishment (\$200)

Establishment Name: _____ Phone: _____

Establishment Address: _____

Name of Applicant: _____ Phone: _____

Applicant's Address: _____

Please include the following items with this Application

- Completed Plan Review and Applicable Review Fee (see above)
- Floor Plan of Establishment (if applicable)
- Copy of Food Manager's Certificate

All checks made payable to the Town of Concord

I, the undersigned, hereby apply to the Concord Board of Health for a Food Service license in accordance with M.G.L. Ch. 94, s. 328 and 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X, Federal Food Code 1999. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.¹

Signature of Applicant

By: Corporate Officer

Social Security or FID Number

Date of Application

¹ Permit will not be issued unless certification clause is signed by applicant. Social Security Numbers will be furnished to Mass DOR to determine whether applicant has met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Request is made I.A.W. MGL Ch. 62C, s. 49.

Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		Projected Start Date: _____ Projected Completion Date: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail food store <input type="checkbox"/> Other: _____			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment:			
Establishment Address:		City:	State: ZIP:
OWNERSHIP INFORMATION			
Name of Owner:			
Address:		City:	State: ZIP:
Email:		Phone Number:	
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)			
Applicant Name:		Contact Person:	
Applicant Mailing Address:		City:	State: ZIP:
Email:		Phone Number:	
FOOD OPERATION INFORMATION			
Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
The following documents must be submitted along with this application:			
<input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – <i>Standard Operating Procedures or HACCP plans may be required.</i>			
<input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:			
<ul style="list-style-type: none"> • The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable). • Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <i>Elevation drawings may be requested by the Regulatory Authority.</i> • Identify handwashing, warewashing and food preparation sinks. • Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer. • Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable. • Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11). • Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans. 			
<i>Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).</i>			
Signature:			Date:
Print Name:		Title:	

Appendix B – REGULATORY COMPLIANCE REVIEW LIST

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (RA to circle and Initial) YES/NO
Washing FDA Food Code §3-302.15			YES/NO
Thawing FDA Food Code §3-501.13			YES/NO
Cooking FDA Food Code §3-401			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic covered molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> Identify number of the handwashing sinks in food preparation and warewashing areas: _____ Food Preparation _____ Warewashing Area Type of hand drying device? Disposable towels € Hand-drying device € 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> Identify the make and model of the mechanical dishwasher: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Will ventilation be provided? Yes € No € 	YES/NO
Water Supply	<ul style="list-style-type: none"> Is the water supply public or non-public/private? public € non-public/private € <ul style="list-style-type: none"> If private, has source been approved? Yes €* No € Attach copy of written approval and/or permit. Is ice made on premises or purchased commercially? Made on-site € Purchased € Will there be an ice bagging operation? Yes € No € 	YES/NO

		YES/NO
Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? public € non-public/private € If private, has the sewage system been approved? Yes €* No € Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? Yes €* No € *Identify location on plan. 	
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes € No € • Are all floor drains identified on the submit floor plan? Yes € No € 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes € No € 	YES/NO
Dressing Rooms	<ul style="list-style-type: none"> • Will dressing rooms be provided? Yes € No € • Describe storage facilities for employee personal belongings _____ 	YES/NO
Linens	<ul style="list-style-type: none"> • Will linens be laundered on site? Yes € No € If yes, what will be laundered and where? _____ • If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ • How often will linens be delivered and picked up? _____ 	YES/NO
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	YES/NO

<p>Pest Control</p>	<p>YES/NO</p>
<p>Refuse, Recyclables, and Returnables</p>	<p>YES/NO</p>

- Will all outside doors be self-closing and rodent proof? Yes No NA
- Will screens be provided on all entrances left open to the outside? Yes No NA
- Will all openable windows have a minimum #16 mesh screening? Yes No NA
- Will insect control devices be used? Yes No NA
- Will air curtains be used? If yes, where? _____

Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.

- Will refuse/garbage be stored inside? Yes No If yes, where _____
- Identify how and where garbage cans and floor mats will be cleaned?

- Will a dumpster or a compactor be used? Dumpster Compactor
- Identify locations of grease storage containers: _____
- Will there be an area to store recyclables? Yes No
If yes, where _____
- Will there be an area to store returnable damaged goods? Yes No
If yes, where _____