



Florida Department of Health - Leon County
 2965 Major James Morgan Jr. Way
 Tallahassee FL 32301
 850-895-8360
 Leon.facilities@flhealth.gov

Certificate Number

Food Establishment Facility Guide

Note: Please submit completed Food Establishment Facility Guide with applicable fees and supporting documents

Reason for Application		
<input type="checkbox"/> New Facility	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Changes to Facility

Establishment Information	
Type of Facility (ALF, Bar, Civic, etc.)	
Establishment Name (OBA)	
Owner Name	
Location Address	
City, State	Zip Code
Mailing Address	
City, State	Zip Code
Phone Number	
Email address	
Facility is located in <input type="checkbox"/> City Limits <input type="checkbox"/> County Limits	

Plans/applications have been submitted to the following authorities:				
Agency	Yes (Date Submitted)	No	N/A	Comments
Zoning	<input type="checkbox"/>			
Planning	<input type="checkbox"/>			
Building	<input type="checkbox"/>			
Plumbing	<input type="checkbox"/>			
Fire Authority	<input type="checkbox"/>			

Hours of Operation						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Potable Water Supply (Check One)	
<input type="checkbox"/> Public/Municipal Water Supply	Name of Supplier
<input type="checkbox"/> Onsite Well System	

Wastewater Disposal (Select the appropriate option)	
<input type="checkbox"/> Municipal/Public Sewer	Name of Supplier
<input type="checkbox"/> Grease Trap	
<input type="checkbox"/> Septic System (Requires approval from FDEP)	
For Facilities on Septic System Only	
Proposed number of seats _____	
Number of video games/gaming machines _____ Number of Pool Tables _____	
*System Evaluation Result (This area to be completed by FDEP OSTDS)	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Name	Date
Comments:	

Facility Details		
Will you be serving only pre-packaged snacks and/or drinks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be washing dishes, utensils, and/or wares ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be using only single-use/ single-service utensils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be portioning prepared, catered meals, or snacks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be cooking or warming using the stove, oven, or microwave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be cooking at home and bringing food to your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all food supplies from inspected and approved sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Handwash Sinks _____	Number of Prep Sinks _____	
Type of warewashing <input type="checkbox"/> Commercial Dishwashing Machine <input type="checkbox"/> 3 Compartment Sink with drain boards	Type of Sanitizer used for warewashing Chemical: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium Temperature: <input type="checkbox"/> Heat (Final Rinse)	
Does this facility have a mop sink or other curbed utility sink with hot and cold running water? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Supporting Documents:
Indicate if the following documents are included (if not applicable, indicate "N/A"):
_____ Proposed Menu (including seasonal, off-site/catering, special event, and banquets)
_____ Copy of utility bill showing sewer charges OR system evaluation signed if on septic
_____ Site Plan (Drawn to scale)
_____ Floor Plan (Drawn to scale)

Floor Plan *(Floor plan should be drawn to scale, all applicable items listed below should be shown on plans)*

- | | |
|---|---|
| <ul style="list-style-type: none">• Identify location of each piece of equipment clearly labeled with its common name (fridge, freezer, oven, stove, warming units, micro-waves, dishwasher, fires suppression system, ventilation hoods, steam tables, ice machine, etc...).• Identify location of all hand wash only sinks (All handwash sinks must have hot and cold water under pressure).• Identify location of mop sink and facilities for hanging wet mops (mop sink must have hot and cold water under pressure).• Label and locate all restrooms (include all toilets, urinals, and restroom handwash sinks). | <ul style="list-style-type: none">• Identify location of all food preparation areas.• Include location of food preparation sink.• Identify dining rooms/seating areas, storage rooms, pantries, garbage rooms, janitorial rooms, etc.• Indicate the number of seats, pool tables, and video games in the establishment (if on a septic system).• Locate and identify the dishwashing area (3-compartment sink or commercial dishwashing machine). |
|---|---|

Site Plan *(Site plan should be drawn to scale, all applicable items listed below should be shown on plans)*

- | | |
|--|---|
| <ul style="list-style-type: none">• Identify location of building on property• Location of irrigation/ drinking wells• Septic system• Dumpster• Play ground area• Parking lot | <ul style="list-style-type: none">• Building exits• Fences• Sheds• Bodies of water• Other outdoor equipment |
|--|---|

Applicants Name	Signature	Date
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*Approval of your plans means that your plans appear to meet the minimum requirements of the Florida Department of Health. You must make sure that you meet all other requirements that apply. In addition, a **satisfactory INSPECTION by the department and ISSUANCE of a Sanitation Certificate** are required prior to operation or signage of **Alcoholic Beverages Papers**.*



Pre-opening checklist

Before scheduling your opening inspection, please complete this list to expedite the permitting process.

Facility Checklist

- ___ All restroom doors are self-closing.
- ___ Restrooms are properly vented (vent fan or window).
- ___ Employee restrooms have a designated handwash sink with hot & cold water under pressure.
- ___ All handwash sinks have soap, paper towels/hand drying machine, and a handwash sign.
- ___ At least one covered waste container has been provided in the women's restroom.
- ___ At least one commercial dishwasher or 3 compartment sinks has been installed with hot and cold running water under pressure.
- ___ Appropriate sanitizer test kit for warewashing is provided (Chlorine or Quaternary ammonium).
- ___ Vented hood system needed for frying/grease laden vapors (if necessary, refer to authority having jurisdiction).
- ___ At least one hand wash sink in food preparation/warewashing area with hot and cold running water, soap, paper towels, and a handwash sign has been installed.
- ___ At least one mop sink or curbed facility with hot and cold running water under pressure.
- ___ Vacuum breakers have been installed on all threaded hose bibs (ex. Mop sink spigot, exterior spigots, etc.).
- ___ Grease trap, if required, is located appropriately (i.e. not in food prep or food storage) and is connected to sewer or septic tank.
- ___ All lighting in food prep & food storage are shielded/covered.
- ___ If flush type floor cleaning occurs, floor drains have been installed. (Carpet in food prep or food storage areas is not allowed).
- ___ Appropriate sneeze guards are in place for all salad bars and buffet lines.
- ___ All floors, walls, and ceilings in food prep/storage areas are smooth and easily cleanable (ie painted drywall, FRP, tile, etc.).
- ___ All utensils, cooking equipment and single service items are stored correctly.
- ___ There is no food equipment located or installed outside (including ice machines).
- ___ All food items stored at least 6 inches off the ground.
- ___ All rooms well ventilated.
- ___ Working thermometers have been placed in all cold holding equipment (ie reach-in coolers, walk-in coolers, etc.).
- ___ At least one probe type thermometers is available for employees.
- ___ Facility on community sewer or an approved septic system.
- ___ Storage for garbage cans and dumpsters located properly (on pavement or concrete pad).

Permit Application

- ___ Permit application submitted to FDOH-Leon.
- ___ All applicable fees (Permit fee, AB&T Sign off Fee, and Plan Review Fee) have been paid.
- ___ Site Plan and Floor Plan have been submitted and approved.
- ___ Fire/building inspection has been completed.
- ___ Zoning verification completed.