

AITKIN COUNTY ENVIRONMENTAL SERVICES

209 Second Street NW, Room 118

Aitkin, MN 56431

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FOOD & BEVERAGE SERVICE ESTABLISHMENT CHANGE OF OWNERSHIP APPLICATION

Note: If you are constructing a new facility or remodeling a pre-existing facility, you must complete a different Plan Review Application. Contact Aitkin County Environmental Services for a copy of this application.

You must give at least a minimum of **14 days notice** to the Aitkin County Environmental Health Specialist prior to the opening date. An on-site inspection will be made. All license applications and fees must be submitted before opening for business. You may not operate until applications and fees are submitted and final approval is given. (MN Statutes, section 157.16)

A food manager must, within 45 days, hire a certified food manager or designate an employee who is enrolled in a food safety-training course. After completing training, an application must be sent directly to the MDH for CFM Certification within 90 days. For more information go to www.health.state.mn.us or call 651.201.4500.

The following must be submitted prior to opening:

1. This application completed and signed.
2. An Equipment Schedule that includes Manufacture's Specification Sheet(s) for each piece of new equipment (include the make and model number). **Any new equipment must be NSF approved.**
3. Proposed menu – include a copy of your menu.

Name of Owner: _____ Telephone Number: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business' Telephone Number _____

Owner's Mailing Address (if different from establishments) _____

Name of person filling out this application _____

Email contact _____

MN TAX ID _____ FED TAX ID _____

Hours of Operation

SUMMER MONTHS

WINTER MONTHS

Sunday	to	to
Monday	to	to
Tuesday	to	to
Wednesday	to	to
Thursday	to	to
Friday	to	to
Saturday	to	to

Any specific dates/holidays closed? _____

Number of seats for the restaurant and bar - Restaurant: _____ Bar: _____

Approximate maximum number of meals to be served for:

Breakfast _____ Lunch _____ Dinner _____

Type of Service: Full Food _____ Limited Food _____

(Limited food service means serving prepackaged food; frozen pizza that is heated and served; a continental breakfast such as rolls, coffee, juice, milk and cold cereal; soft drinks, coffee or nonalcoholic beverages).

Beverage (Liquor only): On-Sale _____ Off-Sale Liquor _____

Non intoxicating (3.2) _____ or Not Applicable _____

Have you applied for a liquor license with Aitkin County? Yes or No

Alcohol (Bar) Serving Facilities:

Will you be operating a bar? Yes or No

Is there a separate handwash sink behind the bar? Yes or No

Is there a 3 or 4 compartment sink behind the bar? Specify which type:

Is there a NSF dishwasher for bar glassware? Yes or No

Are there stainless steel ice bins behind the bar? Yes or No

Is there an ice machine? Yes or No Where is it located?

New Equipment and Installation:

Complete the table below for all new equipment. **Include a copy of the specification sheet.** This information will be used to verify NSF approval.

Equipment Type	Manufacturer	Model Number	Installation Location	Intended Use

The following chart is to be **filled out** with the type of finish currently in each area.

	Floor	Walls	Ceiling
Food Prep Area			
Cooking Area			
Dishwashing			
Walk-in Refrigeration			
Walk-in Freezer			
Toilet Room			
Janitorial Room			
Interior Refuse			
Wait Station			
Handwash Areas			
Bar Service			
Dry Storage Food			
Dry Storage			
Dry Storage			
Dry Storage			
Basement Storage			
Bar Area			
Beer Cooler			
Buffet/Salad Bar			
Other			
Other			

Food Source: Where will you be purchasing your foods? Foods must be from an inspected and approved source.

Will you be purchasing meat from a local grocery store or butcher shop? Yes or No
 If Yes, which ones and what meat products, be specific. _____

Check categories of **Potentially Hazardous Foods (PHF)** to be handled, prepared and/or served.

Category	Yes	No
1. Thin meats, poultry, fish, egg (hamburger, sliced meats)		
2. Thick meats, whole poultry (roast beef, turkeys, chickens, hams)		
3. Cold processed (sandwiches, fruits, vegetables, salads)		
4. Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)		
5. Bakery goods (pies, custards, cream fillings)		
6. Other/daily specials /comments		

1. Will raw meats, poultry and seafood be stored in the same refrigerators as cooked/ready-to-eat foods? If yes, describe how cross-contamination will be prevented.	Yes	No
2. Does each refrigeration/freezer unit have a thermometer?	Yes	No
3. Number of refrigeration units No. of freezer units		

Cooking

Food product thermometers must be used to measure final cooking and re-heating temperatures of PHF's. What type of food thermometer will be used? **It must be NSF**

Thawing Frozen Potentially Hazardous Foods Mark the appropriate box where frozen PHFs will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods (> 1" thick)	Thin Frozen Foods (< 1" thick)
Refrigeration		
Cooked from frozen state		
Running H ₂ O less than 70°F		
Microwave as part of the cooking process		

Reheating

When reheating food it must be re-heated to 165°F for 15 seconds. What method will you be using to reheat potentially hazardous food?

Hot/Cold Holding

1. How will **hot** PHF be maintained at 140°F or above during holding for service?
(Indicate type and number of hot holding devices)

2. How will **cold** PHF be maintained at 41°F or below during holding for service?
(Indicate type and number of cold holding devices)

Will you be cooling foods? Yes or No

If Cooling Fill in the table below. Foods must be cooled from 140°F to 70°F in 2 hours and from 70°F to 41°F within an additional 4 hours.

Cooling Methods	Food Item:				
Shallow pans					
Ice baths					
Reduce volume or size					
Rapid chill					

Other Cooling Methods?(describe):

Will you be offering a salad bar, buffet or other form of food service bar? Yes or No

If yes, specify what type(s):

How long will you be holding food continuously on food service bar?

Preparation of Foods and Buffets/Salad Bars Salad Bars must be mechanical and indirectly wasted to a floor drain if foods are held more than 4 hours. Plastic laminate is **NOT** allowed for food contact surfaces. Sneeze guards are mandatory. Approved flooring must extend 3 feet from the serving side of the buffet.

	Yes	No
1. Does buffet/salad bar have sneeze guards? What height?		
2. Is there a floor drain under the unit(s)?		
3. Is the floor under it smooth, cleanable and nonabsorbent?		
4. Is there a sign posted that forbids the reuse of soiled tableware?		

Preparation

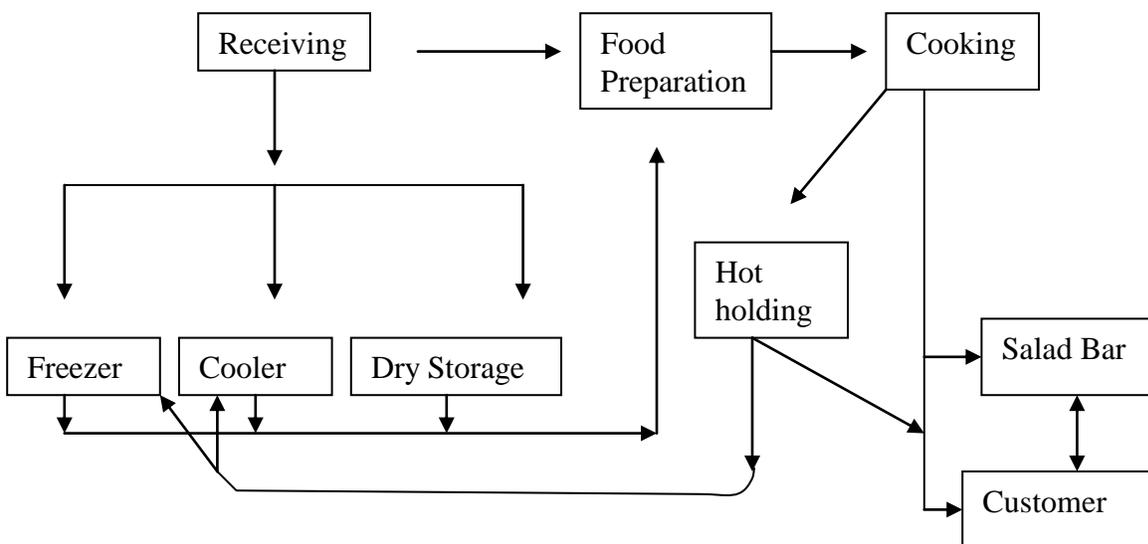
1. Please list types of foods that will be prepared more than 12 hours in advance of service?

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? Yes / No
3. How will cooking equipment, cutting boards, countertops and other food contact surfaces that are too large to be submerged in sinks or put through the dishwasher be sanitized?

4. What food items will be washed on site prior to use?

Handling of Food

A **flow chart** must be submitted. Attach it to this form on a separate piece of paper. Here is an example:



Sinks	Yes	No
1. Is there a handwash sink present in the food preparation and warewashing areas? More than one sink may be required		
2. If handwash sinks have a self-closing faucet, is the flow of water at least 15 seconds without reactivation?		
3. Will all handwash sinks have hand cleanser?		
4. Will all handwash sinks have disposable towels?		
5. Is a mop sink present with a vacuum breaker & back flow preventer?		
6. Is a food preparation sink present?		
7. Is the water supply Public (City Water)?		
8. Is there a grease trap? A sewer compliance inspection must be performed if this is a property transfer or if it has been more than 5 years since your sewer system was installed or inspected. Attach a copy of the compliance inspection.		

All restaurants and bars must have a water meter. Where is it located?

The following must be protected against back flow with an <u>air gap</u> or a <u>backflow preventer</u> . Indicate which is provided:	Yes	No
1. Toilets		
2. Dipper Wells		
3. Urinals		
4. Hose Connections		
5. Dishwasher		
6. Ice Storage bins		
7. Steam Tables		
8. Ice Machines		
9. Refrigeration Condensate Drain Lines		
10. Post-Mix Beverage Dispenser		

Dishwashing Facilities and Hot Water	Yes	No
1. Will dishes be washed in a 3 or 4 compartment NSF sink?		
2. Is the sink integral (one piece)?		
3. Is the sink freestanding (not installed into a counter-top)?		
2. Will a NSF dishwasher be used? (If yes, circle sanitizing method) Chlorine Iodine Quaternary Ammonium Hot water		
3. Does the largest pot or pan fit in each compartment of the sink?		
6. Is ventilation provided for the dishwasher (if >120 ⁰ F and not an under-counter unit) if hot H ₂ O is the sanitizing agent?		
7 What does the template on the side of the dishwasher list for operating instructions? Wash temperature and time _____ Rinse temperature and time _____		
9. Does the dishwasher have both a temperature and pressure gauge?		
10. Are sanitizer test strips provided? What type of sanitizer will you be using?		

Toilet Facilities

Are the restroom doors self-closing? Yes or No

Is there a covered wastebasket in the women's bathroom for disposal of sanitary products? Yes or No

What type of ventilation is being used in the restroom?

Working screened window _____

Ceiling or wall fan _____

Air Exchange on roof _____

Ventilation/Refuse see www.mda.state.mn.us/dairyfood/ventguide.pdf for more information)

	Yes	No
1. Does NEW ventilation hood in the kitchen cover all cooking devices with an overhang of at least 6" on all sides? (Heat generating devices must also be vented)		
2. Are the grease filters/devises easily removable for cleaning?		
3. Is there an approved fire extinguishing system under the hood?		
4. Is there a make-up air unit? (It must be electrically interlocked with the hood and a slightly negative pressure must exist in the kitchen)		

Garbage	Yes	No
1. Will garbage be stored inside? If so, it must be separated from food storage and have its own hand wash sink and floor drain.		
2. If an outside dumpster is used it must have a cover and be on an approved surface. Indicate type of surface.		
Asphalt
Cement
Compacted Class V Gravel

Other Storage	Yes	No
1. Do you have a designated area for chemical storage? If so, where:		
2. If using carbon dioxide tanks, where will the tanks be located? _____		
3. Are the tanks secured?		
4. Will linens be laundered on site? If so, where:		

Training

Employees must be trained in the parts of the Food Code that are applicable to their position.

1. Is there a current Certified Food Manger? Yes or No

If yes, provide the name, certificate number from MDH and the expiration date:

2. Name of person who will be responsible for training? _____

3. Frequency of training? What type of training?

4. Method used? (e.g. ServSafe, consultant, in-house program, etc.)

Sick Policy All foodborne illness must be documented and the records available for inspection. The sick policy must be written and a log provided for recording employee illnesses.

Attach a copy of the written sick policy and employee illness log.

If you need assistance with the section, reference materials are available from this department upon request.

Workers Compensation Policy Number _____

Workers Compensation Insurance Company _____

I certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Aitkin County Environmental Services may nullify final approval. Signature(s):

Owner(s) or responsible representative(s)

Date _____

Date _____

Approval of these plans by this Department doesn't indicate compliance with any other code, law or regulation that may be required. It does not constitute acceptance of the completed establishment. A pre-opening inspection of the establishment with equipment in place will be necessary to determine if it complies with the local and state regulations governing food service establishments.

Do Not Write Below This Line (For Office Use Only)

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Date Received _____

Date Reviewed _____

Approved? Yes / No

Additional Information Needed? Yes / No

Date of Follow-up Correspondence: _____

Date of On-Site Inspections: _____

Office comments:

