



ARKANSAS DEPARTMENT OF HEALTH  
**RETAIL FOOD PLAN REVIEW SUBMISSION FORMS**

**GENERAL ESTABLISHMENT INFORMATION**

Construction Type (please check one):

\_\_\_\_ NEW \_\_\_\_ REMODEL \_\_\_\_ COMMERCIAL/INCUBATOR/CONTRACT OPERATOR KITCHEN

\_\_\_\_ NEW OWNER EXISTING ESTABLISHMENT \_\_\_\_ MOBILE /PUSHCART \_\_\_\_ CONVERSION

\_\_\_\_ PARTIAL REMODEL (FIRE/FLOOD) \_\_\_\_ **RESUBMIT (Previous Submission Date)** \_\_\_\_\_

Projected Start Date: \_\_\_\_\_ Projected Date for Completion: \_\_\_\_\_

**Name of Establishment / Project:** \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**OWNER INFORMATION**

Name of Owner: \_\_\_\_\_

Owner's Mailing / Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_ Gov. ID #: \_\_\_\_\_ State: \_\_\_\_\_

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**TYPE OF ESTABLISHMENT** (Please Check Only One Category)

\_\_\_\_ Restaurant \_\_\_\_ Food Store \_\_\_\_ Kiosk \_\_\_\_ Private School \_\_\_\_ Public / Charter School

\_\_\_\_ Private Food Service Contractor for Public Schools \_\_\_\_ Daycare / Childcare

\_\_\_\_ Food Mobile/Truck \_\_\_\_ Hotdog Cart / Pushcart \_\_\_\_ Food Salvage

\_\_\_\_ Summer Feeding/Afterschool \_\_\_\_ Food Pantry / Food Storage

**RETAIL PLAN REVIEW SUBMISSION DOCUMENTATION:**

The items below have been included with the plans being submitted at this time. It is understood that omission of any requested information will result in a delay in the plan approval. Once all required items are received and any required fee paid, the plans will be reviewed within the time allotted by the Arkansas Department of Health.

YES	NO	REQUIRED SUBMITTED INFORMATION
		Proposed Menu
		Completed set of plans drawn to scale or with drawing legend
		List or Set of Manufacturer equipment specifications or list of equipment
		Standard Operating Procedures
		Plumbing plans showing hot and cold-water supply, sink locations, floor drains, waste lines from fixtures, water heaters
		Warewashing facilities and food prep sinks
		Hand sinks and toilet facilities with soap and towel provisions
		Restrooms / toilet facilities
		Storage rooms / area for food storage
		Service sink / cleaning facilities area
		Chemical storage area
		Employee storage area / changing room
		*HACCP Plan and supporting documentation (if required for specialized process)
		*Variance Request Form and Documentation (if required for specialized process)
		Equipment plan and schedule showing location of equipment
		<b>SOURCE OF WATER:</b> _____ Municipal _____ Well _____ Other: _____
		<b>SOURCE OF WASTEWATER:</b> _____ Municipal Sewage _____ Septic System
		<b>ADDITIONAL REQUIREMENTS FOR FOOD TRUCKS – PUSH CARTS:</b>
		Size and location of Fresh Water Tank and material to construct
		Size and location of Gray Water Tank and material to construct
		Service Area Agreement and Commissary Prep location

**\*SPECIALIZED PROCESS:** Check All That Applies

\_\_\_\_\_ Curing \_\_\_\_\_ Acidification (sushi, etc.) \_\_\_\_\_ Smoking \_\_\_\_\_ Live Molluscan Shellfish

\_\_\_\_\_ Reduced Oxygen Packaging ROP (eg: Vacuum packaging, sous vide, cook-chill etc.)

\_\_\_\_\_ Custom Processing \_\_\_\_\_ Sprouting \_\_\_\_\_ Other, please describe and explain:

### OPERATION INFORMATION

**HIGHLY SUSCEPTIBLE POPULATION:** Will this facility cater to or serve any of the following:  
(Check all that applies)

\_\_\_\_ Assisted Living \_\_\_\_ Childcare \_\_\_\_ Health Care /Immunocompromised

\_\_\_\_ Nursing Home \_\_\_\_ School with pre-school aged children

### HOURS OF OPERATION

\_\_\_\_ This is a Mobile Unit/Food Truck, and my hours vary.

Day Of Week	Open Time	Closed Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Estimated Meals (provide number)				Buffet Service
Breakfast	Lunch	Dinner	Other (snacks meals)	Total anticipated daily

### TYPE OF SERVICE (CHECK ALL THAT APPLY):

\_\_\_\_ Sit Down Meals \_\_\_\_ Take Out/Delivery \_\_\_\_ Catering \_\_\_\_ Buffet/Self-Service

\_\_\_\_ Outdoor Service Area \_\_\_\_ Full-Service Bar \_\_\_\_ Other

- Number of Indoor Dining Seats: \_\_\_\_\_
- Number of Outdoor Dining Seats: \_\_\_\_\_
- Number of Staff (Maximum per shift): \_\_\_\_\_
- Total Square Footage of Facility: \_\_\_\_\_

## STORAGE FOR OPERATION

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### COLD STORAGE

Anticipated frequency of frozen food delivery: \_\_\_\_\_ (*example every Thursday*)

Anticipated frequency of refrigerated food delivery: \_\_\_\_\_

Provide information on the amount of space allocated:

- Refrigerated Storage:

- Frozen Storage: \_\_\_\_\_

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### DRY STORAGE

Anticipated frequency of dry storage and paper goods: \_\_\_\_\_

Identify the location and containers that will be used to store bulk food products like rice, flour, sugar, etc.

Provide Information on the amount of space allocated for Dry Storage...

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### HOT AND COLD HOLDING

**HOT HOLDING:** List all foods that will be hot held prior to service:

**COLD HOLDING:** List all foods that will be held cold prior to service:

# MENU

Please include menu items being served. While a copy of your actual menu is *preferred* the following is a template to assist you in this process if you do not have an official menu. Include additional pages if necessary.

## Appetizers

## Main / Meats

## Soup & Salads

## Sides

## Desserts

## Drinks

# Standard Operating Procedures for Food Service Establishments

## Who must have standard operating procedures?

- All new food establishments, including but not limited to Mobile/Pushcarts, Feeding Programs, Cooking or Prep Kitchens, Concession Stands, Temporary Establishments and Food Trucks.
- Remodeled food establishments that change menu or operation must update and resubmit.
- Establishments using a HACCP Plan or Variance.

## What are standard operating procedures?

- Procedures specific to your operation describing the activities necessary to complete tasks in accordance with the food code and Arkansas food law. The procedures are used to train the staff members responsible for the tasks.
- Three purposes for establishing SOPs for your operation are: (1) to protect your products from contamination from microbial, chemical, and physical hazards; (2) to control microbial growth that can result from temperature abuse or poor personal hygiene; and (3) to ensure procedures are in place for maintaining equipment and assisting with Active Managerial Controls within the food establishment.

## Why must procedures be submitted?

- Arkansas Food Regulations requires standard operating procedures to be established prior to opening or reopening. These procedures must be maintained in the facility and accessible to the staff and regulatory authorities upon request.

## How must procedures be developed?

- Procedures are mostly for use by managers and staff. Develop procedures in the language, style, and format best for the establishment. An English copy of the procedures is needed for the plan reviewer.

## What procedures must all establishments submit?

- Handwashing.
- Personal hygiene, including cuts and sores.
- Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.).
- Employee/Staff illness.
- Purchasing food from approved sources.
- Cleaning and sanitizing food contact surfaces.
- Norovirus Cleanup (*See Regulatory Authority for assistance with approved procedure*)

## What procedures must all establishments develop when applicable to their operation?

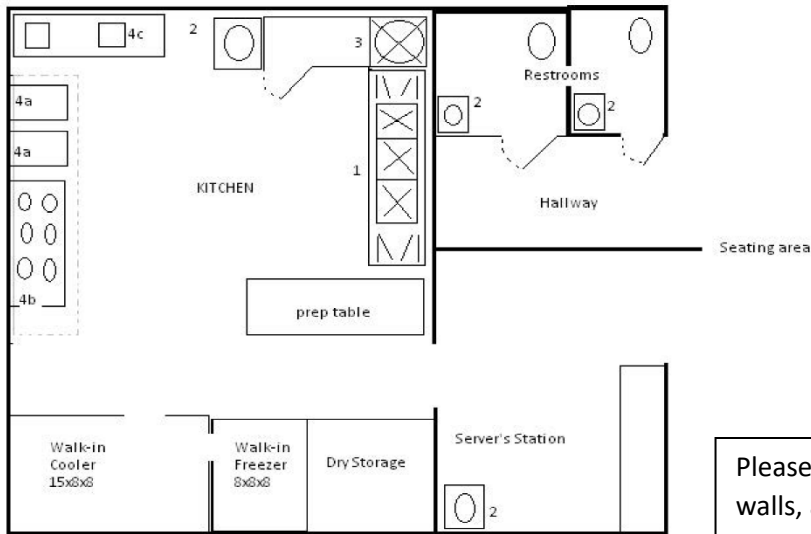
- Cross-contamination prevention within the establishment
- Warewashing manual dishwashing
- Date-marking ready-to-eat, and TCS (time/temperature control for safety food).
- Using time only (not time and temperature) as a method to control bacterial growth.
- Thawing TCS foods (time temperature control for safety food).
- Cooking TCS foods (time temperature control for safety food).
- Cooling TCS foods (time temperature control for safety food).
- Reheating foods.
- Hot holding foods.
- Cold holding foods.

Procedures can be sent with the plans at time of initial review and maintained on-site and used by the person in charge and staff. Technically correct procedures must be in place by the pre-opening inspection.

## KITCHEN FLOOR PLAN

Each page of hand drawn plans submitted needs to have:

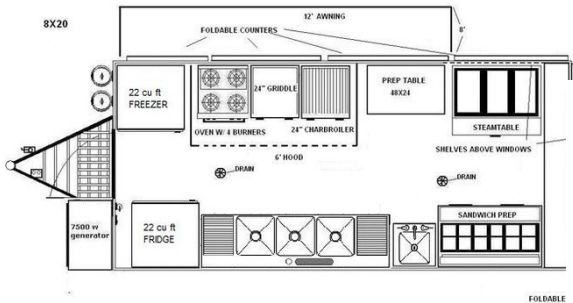
Name of Establishment  
Physical address  
Name of owner  
Mailing address  
Telephone number



### Legend

- 1- 3-compartment sink with 2 drain boards
- 2- Hand washing lavatory
- 3- Service sink
- 4 - List of all equipment
  - 4a- Fryers
  - 4b Stove
  - 4c Microwave

Please include the type of materials used for floors, walls, and ceilings. Acceptable finishes would include sealed concrete or tile for flooring; quarry tile, fiberglass reinforced plastic (FRP) or stainless steel for wall areas and coated tiled or other smooth ceiling materials.

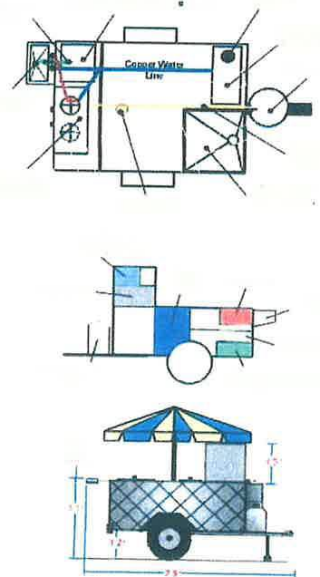
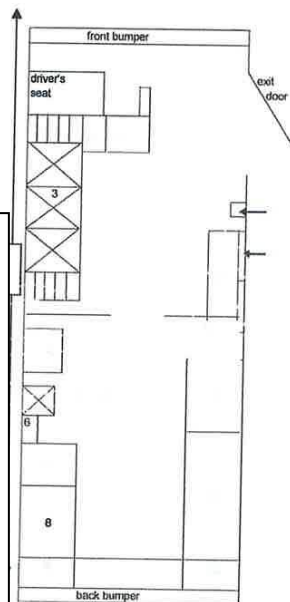


**Photographs of the Facility/Mobile Units are encouraged.**

Detailed images of the inside and outside of the food service facility or mobile unit will be helpful and speed up the overall review process for those already constructed facilities.

### Example of Images to Take

- Kitchen layout, Equipment, Vent-hood, lighting
- Sinks, three-compartment, handwashing, mop sinks
- Buffet line, Dry Storage Unit, Hot Holding cabinets,
- Floors, Walls, Ceiling
- Walk-Ins, Freezers, Coolers



**FOR AGENCY USE ONLY**

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**FOR ESTABLISHMENTS NOT NEEDING RETAIL PLAN REVIEW**

I have reviewed the paperwork submitted, have had conversations with the prospective new operator related to their intended food preparation practices and menu, and/or have current working knowledge of the condition of this facility. It is my recommendation that this facility does not need to go through a Retail Plan Review.

EHS: \_\_\_\_\_ Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

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**RETAIL PLAN REVIEW COMMENT SECTION**

Date Received Plans: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Final Approval Status: \_\_\_\_\_ (Approval / Provisional Approval / Disapproval)

ACTION	DATE OF ACTION	BY WHOM	COMMENTS
Scanned PR Documents			
Sent PR Letter			
Put Plans On Hold			
Plans Returned			
Additional Documents Rec'd			
Payment Received			

**PLANS ON HOLD FOR THE FOLLOWING REASONS:**

**Reasons Plans Returned:**





# Arkansas Department of Health Project Cost Estimate Worksheet

*As required by A.C.A. § 20-7-123, this worksheet must be completed and submitted with appropriate fee(s)*

PROJECT NAME \_\_\_\_\_

PROJECT ID# (ADH Use Only)

COUNTY \_\_\_\_\_

PROJECT LOCATION (911 if available) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

OWNER/SUBMITTER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

EMAIL (if available) \_\_\_\_\_

**COST ESTIMATE:** ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE  
A DEPARTMENT OF HEALTH REVIEW

1. WATERSYSTEM IMPROVEMENTS (non-plumbing)..... \$ \_\_\_\_\_

*For questions regarding water system improvements ENGINEERING (501) 661-2623*

2. SEWER SYSTEM IMPROVEMENTS (non-plumbing)..... \$ \_\_\_\_\_

*For questions regarding sewer system improvements ENGINEERING (501) 661-2623*

3. PLUMBING..... \$ \_\_\_\_\_

*For questions regarding plumbing plans (501) 661-2650*

4. SWIMMING POOL (public)..... \$ \_\_\_\_\_

*For questions regarding swimming pool plans (501) 661-2171*

5. FOOD SERVICE-Retail or Wholesale/Manufacturing (new/reno) ..... \$ \_\_\_\_\_

*For questions regarding food establishment plans (501) 661-2171*

**TOTAL ESTIMATED COST .....** \$ \_\_\_\_\_

**A. PLAN REVIEW FEE.....** \$ \_\_\_\_\_

*1% of total est. cost, not less than \$50.00 and not to exceed \$500.00*

(See #1 on page 2)

**TOTAL FEES SUBMITTED .....** \$ \_\_\_\_\_

*(Checks or money orders made payable to ADH)*

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**EXPLANATION OF PLAN REVIEW FEES**

- #1) A.C.A. § 20-7-123 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department (*Line items # 1,2,3,4,5 on page 1*). The fee is **1%** of the estimated cost of improvements, with a **minimum fee of \$50.00** and a **maximum fee of \$500.00**. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS **\$5,000.00 OR LESS**, REVIEW FEE IS **\$50.00**.

IF TOTAL ESTIMATED COST IS **\$50,000.00 OR MORE**, REVIEW FEE IS **\$500.00**.

IF TOTAL ESTIMATED COST IS BETWEEN **\$5,000.00 AND \$50,000.00**, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ \_\_\_\_\_

**Complete Below Only for plans utilizing onsite wastewater systems including subdivisions containing lots < 3 acres, mobile home and RV parks.**

- #2) A.C.A. § 14-236-116 establishing a fee for the review of plans for subdivisions containing lots <3 acres utilizing individual onsite wastewater systems.

Subdivisions on Individual Onsite Wastewater:

FIRST LOT @ **\$100.00** \$ 100

ADDITIONAL LOTS @ **\$25.00/each** .....\$ \_\_\_\_\_

**TOTAL** ..... \$ \_\_\_\_\_

(Maximum Fee = **\$1500.00**)

- #3) A.C.A. § 20-27-1201 established a review fee for Mobile Home Parks and Recreational Vehicle Parks utilizing onsite wastewater systems and is based on the number of spaces.

Mobile Home & RV Parks utilizing Onsite Wastewater Systems:

2-25 SPACES..... **\$25.00**

26-50 SPACES..... **\$50.00**

51-75 SPACES..... **\$75.00**

76 OR MORE..... **\$100.00**

**PLAN REVIEW FEE:**

**Total Submitted (#2 + #3)** \_\_\_\_\_

(Checks or money orders payable to ADH)

For more information regarding Sections #2 and #3, please contact ADH Engineering 501-661-2623.

# ARKANSAS DEPARTMENT OF HEALTH

4815 W. Markham St., Slot 46  
Little Rock, AR 72205

## Retail Food Establishment Permit Application

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO  
THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING  
(Please Print Clearly or Type to ensure no delays in processing)

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Check One:      New                      Remodel                      Mobile Unit / Push Cart  
                         New Ownership of Existing Facility                      Incubator / Contract Operator of Existing Facility

If your business is a retail food facility/operation please answer the following questions

Have you been through Retail Food Plan Review?      Yes      No      Date? \_\_\_\_\_

Have you contacted the Local County Health Department? :      Yes      No

### Establishment Information:

911/ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Owner(s)/Corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Drivers License # or Gov. ID # \_\_\_\_\_

Telephone # : \_\_\_\_\_ Email: \_\_\_\_\_

(Please provide the following billing address ONLY if it is different than 911/physical address)

Mailing/Billing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Establishment's Water Source:      Municipal Water      Well      Other \_\_\_\_\_  
(please list type)

Establishment's Sewage Disposal:      Municipal Sewage      Septic System

### Category: Check All That Apply:

Restaurant \$35.00

Food Store \$35.00

Kiosk \$35.00

Private School \$35.00

Public School or Charter School \$0

Private Contractor (Schools) \$35.00

Daycare \$35.00

Retail Deli/Bakery \$35.00

Food Mobile \$35.00

Food Salvage Permit \$35.00

Summer Feeding / Afterschool \$35.00

Total Due: \$ \_\_\_\_\_  
(Check or Money Order)



### **Food Safety Questions:**

- |   |     |    |
|---|-----|----|
| 1. Will the facility be serving food to a highly susceptible population?<br>(young children, the elderly, or the chronically ill)   | Yes | No |
| 2. Will you be using specialized processing methods methods to<br>preserve, extend shelf life, or render food so that it no longer requires<br>temperature control for safety such as vacuum packaging, curing,<br>canning, or pickling? Or sprouting seeds or beans? | Yes | No |
| a. If yes, do you have a HACCP plan?  | Yes | No |
| 3. Is there a policy to exclude or restrict food workers who are sick<br>or have infected cuts and lesions?   | Yes | No |
| 4. Are your managers/workers required to complete food safety training?   | Yes | No |
| 5. Do you or an employee of your business with supervisory authority<br>have a Certified Food Safety Manager certification from an accredited<br>program?   | Yes | No |
| If yes, please provide the name of the accredited program, date of<br>expiration, and the certificate number? _____   |     |    |
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**DISCLAIMER: A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE.**

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

**Signature(s)** \_\_\_\_\_ **owner(s) or responsible representative(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS APPLICATION IS TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH THE APPROPRIATE FEES (CHECK OR MONEY ORDER), TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING.**

**Submit to:  
Arkansas Department of Health  
Food Protection Services  
4815 W. Markham St., Slot 46  
Little Rock, AR 72205**

