

FOOD SERVICE FACILITY LICENSING PROCESS and INFORMATION PACKET

PLAN REVIEW:

Prior to opening or reopening a new or remodeled food service establishment, plans of the facility and its operation shall be submitted to and approved by the **Manatee County Health Department**. Plans may be submitted by the owner, prospective operator or their designated representative. All plans shall comply with the requirements of this chapter.

Plans shall:

- 1) be drawn to scale,
- 2) depict the proposed layout of the facility,
- 3) include construction finishes,
- 4) indicate general operation of the facility,
- 5) include equipment schedules,
- 6) include the intended menu,
- 7) and similar aspects of the facility's operation that relate to the requirements of this chapter.

All plans shall be legible. Any plumbing and/or HVAC schematics are welcome.

Plans shall be submitted with a completed Application for Food Facility Plan Review, and the following items:

1. The plan review fee, calculated as follows:
 - New Construction/Remodel/Reopen: \$40.00
 - Public Schools: No Fee
2. Proof of Approved Water Supply
3. Proof of Approved Sewage Disposal System

Upon completion of plan review, applicant will be notified to pick up the plans and sign the plan review form to indicate understanding of and agreement with any provisos and/or amendments to the plan.

ONCE PLANS ARE APPROVED, CONSTRUCTION MAY BEGIN.

OPENING INSPECTION:

Prior to opening, a satisfactory inspection must be performed. Contact the **Environmental Health Services** division to apply for a Sanitation Certificate and schedule an inspection. The approved plans must be on premises for the inspection. Any provisos written on the plan review will be checked at this time.

Upon approval to open and receipt of payment, a Sanitation Certificate will be issued to the facility. Sanitation Certificates are required to be renewed annually by September 30th thereafter.

SANITATION CERTIFICATE FEE SCHEDULE

1. Hospital - \$250.00
2. Nursing Home - \$250.00
3. Detention Facility - \$250.00
4. Bar/Lounge - \$190.00
5. Fraternal/Civic Organization - \$190.00
6. Movie Theater - \$190.00
7. School Cafeteria
 - a. open 9 months out of a year - \$170.00
 - b. open more than 9 months - \$200.00
8. Community Based Residential Facility - \$135.00
9. Child Care Center - \$110.00
- 10 Other Food Service - \$190.00
11. Limited Food Service - \$110.00
12. Catering or Mobile Food Unit - \$180.00
13. Adult Day Care Center ≥ 17 - \$190.00
14. Adult Day Care Center < 17 - \$110.00
12. More than one food service in one facility - \$300.00

****Note:** Fees are prorated quarterly. Check with the Environmental Services Office for the correct amount.

FOR FACILITIES WITH BEVERAGE PAPERS TO BE SIGNED:

Beverage Papers are required to be on site at the time of the opening inspection to verify ownership information. Upon approval to open, the specialist, providing that payment has been made for the Sanitation Certificate, may sign the beverage papers. If payment has not been made, licensee will be instructed to bring the Sanitation Certificate fee and the beverage papers into the office for signature.

FOOD OPERATIONS CHECKLIST

FOOD PROTECTION:

Food obtained from approved sources & unadulterated. Packaged food items, canned goods uncompromised. *No home prepared foods permitted.*

Food stored properly & at the correct temperatures. Raw meat products to be separated from each other & stored below & away from cooked &/or ready-to-eat foods. Food to be stored in clean covered & labeled containers. Food to be stored a min. of 6" above the floor. Food not stored under exposed water or sewer lines, in toilet, locker, or dressing rooms, garbage rooms, or in vestibules. *Cold foods required to be maintained at 41°F or less. Hot foods required to be maintained at 140°F or above.*

Suitable serving utensils (stored correctly) provided. Ice dispensed with scoops or tongs; or through an automatic self-service ice dispenser. Unwrapped displayed foods protected approved enclosures or sneeze guards. Ice used for cooling stored food or food containers, not used for consumer consumption. Drainage tubes shall not pass through ice intended for human consumption. Ice machines located outside to be protected. Ice bins, dispenser, and machines drained via air gap.

Toxics, first aid kits, personal medications, etc. clearly labeled & stored separate from food, food equipment, & single-service articles.

PERSONNEL:

No person with a communicable disease; or afflicted with boils, infected wounds, sores; or an acute respiratory infection, working in areas where food or food contact surfaces can be contaminated.

Outer clothes of employees clean. Employees engaged in the preparation of food &/or service of food wearing effective hair restraints. No nail polish or false fingernails permitted.

No use of tobacco used, in any form, in food storage or preparation areas; or where utensils are cleaned or stored; or while engaged in the preparation or service of food.

Employee(s) *wash their hands frequently* during food prep; and after; touching other bare body parts; using the toilet room; caring for support animals; coughing, sneezing, smoking, eating, or drinking; handling raw meat products; and/or performing any other tasks.

EQUIPMENT/UTENSILS:

Adequate refrigeration & hot holding equipment provided, each with accurate indicating thermometers. Probe thermometer(s) provided.

Adequate sinks w/running water for washing, trimming and similar preparation of food if required provided indirectly drained, *per Plan Review.*

Running water dipper well provided where bulk ice cream dispensed.

All food contact & non-food contact surfaces constructed of smooth, easily cleanable & non-absorbent materials & in good repair. Hard woods approved for cutting blocks/ boards, salad bowls, rolling pins, etc. Other wood approved for single-service articles only.

Equipment installed in such a manner that there is easy access for cleaning. Countertop equipment mounted min. 4" high. Floor mounted equipment to be at least 6" above the floor & installed flush to the wall, unless there is sufficient space to allow for cleaning.

Wiping Cloths used for wiping spills on tableware stored clean & dry. Moist wiping cloths used for wiping spills on food &/or non-food contact equipment rinsed in sanitizing solution prior to each use.

All tableware, kitchenware, multi-use utensils & food contact surfaces of equipment cleaned & sanitized after each use. Food cooking equipment cleaned at least once a day. All clean & sanitized equipment & utensils stored in a manner that protects them from

contamination. Clean pots, pans, bowls, containers, etc. stored inverted. Single service articles stored inverted or kept wrapped. Clean utensils not stored with soiled utensils. Cleaned, sanitized equipment & single service stored min. of 6" above the floor, not under exposed sewer lines & not stored in toilet rooms or vestibules

DISHWASHING:

Dishwashing facilities provided as required, *per Plan Review. Two or Three compartment sink &/or approved mechanical dishmachine, w/hot & cold running water & sloping drainboards, indirectly drained, provided.* Accurate thermometers located at each tank of dishmachine & operable pressure gauge provided. Accurate thermometers provided at wash sinks as required.

Three compartment sink properly set-up to wash, rinse, sanitize & air-dry multi-use utensils. Dishmachine operated according to manufacturer specifications, which must be attached to machine. Water pressure for the final rinse not less than 15psi, nor more than 25psi. Temp of wash water for machines using chemical sanitization not less than 120°F. Unless otherwise specified, machines using hot water for sanitizing to reach a minimum of 180°F for the final rinse.

Chemical sanitizing solution at correct concentration
Cl₂ - 50ppm; Iodine - 12.5 ppm; or, Quaternary Ammonium - per label.
Test Kit for measuring chemical sanitizing solution provided.

SANITARY FACILITIES AND CONTROLS:

Water supplied from an approved source. Sewage disposed of in approved disposal system. Hose fittings & faucets with hoses attached provided with back flow prevention devices. No direct connection between the sewer system & any food preparation or utensil washing sinks. Ice machines drained to the sanitary sewer through an *air gap* Refrigerator waste lines discharge into floor sinks or drains. Walk-in unit floor drains to be located outside the walk-in.

Toilet facilities clean & in good repair, well lighted & adequately ventilated. Waste receptacles provided, covered in women's toilet rooms. Self-closing, tight-fitting doors provided. Employee handwashing signs provided for each toilet room utilized by employees.

Employee handwash sinks provided within, or immediately adjacent to, all toilet rooms; within *each* food prep area; & in remote mechanical dishmachine areas, *per Plan Review. Hot & cold running water, under pressure, provided to all handwash sinks. Soap, paper towels/air-drying device, & employee handwashing sign provided.*

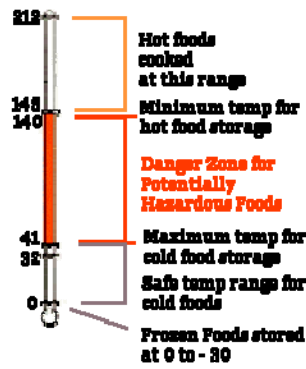
Garbage disposed of in non-absorbent containers, w/lids; or placed in plastic bags & securely tied prior to disposal. Garbage containers located outside shall be placed on non-absorbent material; in clean, rubbish free areas. Non self-contained compactors on concrete pad drained to sanitary sewer.

Building to be rodent-proofed & rodent free. All openings to exterior protected against the entrance of rodents & flying insects w/tight-fitting, self-closing doors & windows, screens, air curtains, etc.

Floors & walls where food stored/prepared; utensils washed/stored; walk-ins; garbage rooms; & toilet/locker rooms, of *easily cleanable & non-absorbent materials*; clean & in good repair. Ceilings & attached fixtures kept clean. Adequate lighting provided & shielded as necessary. Food prep area, storerooms, utensil washing areas well ventilated. Hood systems comply with applicable fire prevention requirements. Area for personal belongings provided. No direct opening between living quarters & food service establishment. No live birds or animals permitted. Laundry facilities not located in food prep or utensil washing areas. Premises free of litter & graded to drain. *Mop wash facility, w/ hot & cold running water, provided on the premises, per Plan Review.* Mops stored properly.

Valid Certified Food Manager on premises unless exempt. Valid Sanitation Certificate/Health Permit required prior to opening.

Food Temperature Chart



Approved Food Manager Certification Providers

64E-11.002(28) Florida Administrative Code (FAC) defines a food manager as

individuals who have direct authority, control or supervision over employees engaged in the storage, preparation, display and serving of food to the public. Managers shall have a period of 90 days after the effective date of employment to pass the required food service manager test.


It is the responsibility of the certified food manager to inform all employees who engage in the storage, preparation, or serving of food in the acceptable sanitary practices described in the Department of Health Food Hygiene Code, 64E-11.

Establishments that have three or more employees at one time engaged in the storage, preparation, or serving of food shall have at least one certified manager present at all times when such activities are taking place. All other establishments shall have a certified manager(s) responsible for all periods of operation, but said manager(s) need not be present at all times.

Per 381.0072(2)(a) Florida Statute and 64E-11.012(6)(a)(b) FAC - Establishments **exempt** from the certified food manager requirement: Bars and Lounges, Theaters, Public and Private Schools, Civic Organizations, Residential Facilities that are co-located with a Nursing Home or a Hospital with the food being prepared in a central kitchen facility.

The approved test providers are:


- [Thomson Prometric](#) 

 (800) 624-2736


also available through:

- [National Restaurant Association](#) 


(Florida Restaurant Association--ServeSafe)

 (866) 372-3926

- [National Registry of Food Safety Professionals](#) 

 (800) 446-0257

Locally the Manatee County Agricultural Extension Services office provides Food Manager Certification course:

 (941) 722-4524

***CERTIFICATION MUST BE RENEWED
EVERY FIVE (5) YEARS!***



FOOD SERVICE PLAN REVIEW APPLICATION CHECKLIST

Before submitting your application, verify that you have completed or attached the following items:

Application:

- All items completed
- A sample menu attached or menu information supplied on the Application for Plan Review
- Water supply information/approval enclosed (i.e., copy of bill or written approval from utility)
- Waste water information/approvals enclosed (i.e., copy of bill or written approval from utility or DOH)
- Check or money order for \$40.00 payable to the Manatee County Health Department

Plans: Must be drawn to scale and include the following

- All areas of the building labeled (i.e. bars, wait stations, seating, and dining areas)
- All equipment identified (i.e., stoves, freezers, refrigerators, steam tables, and prep tables)
- Plans must include a utility sink, a prep sink (if applicable), a three-compartment sink and/or a commercial mechanical dishmachine and employee handwash sinks in all food prep and remote mechanical dishmachine areas
- Hot and cold running water is required at all indicated sinks and employee restrooms
- Soap and paper towels or other approved hand-drying device required at handwash sinks
- All utensil washing sinks, dishmachines and prep sinks to be indirectly wasted
- Location of ice bins/ice machines indicated, indirectly wasted through an air-gap
- All doors to the exterior to be identified and marked as to the direction of swing
- Construction finishes of the floors, walls, and ceilings as well as areas where coving will be installed (required in all restrooms and non-customer areas) to be indicated
- Location of hood and automatic fire suppression/ventilation system, if applicable
- Location of the dumpster/trash area and type of impervious surface installed
- All storage areas including where cleaning equipment and supplies, dry goods, and employee personal items are stored

Reminder: An incomplete application or plans may result in the plan review being delayed or denied.

Notes:

All refrigeration is required to maintain foods at 41°F or less. Thermometers must be installed in all refrigeration/freezer units and a probe-type thermometer is required for employees to check food temperatures. Be sure these thermometers are present at the time of opening inspection to avoid a delay in the approval for opening. Test kits for testing sanitizer levels are required at the opening inspection. The appropriate kit for the appropriate sanitizer used is also required. Soap and paper towels (or other approved hand drying device) are required at all employee handwash sinks. "Employee must wash hands prior to working" signs are required at all employee handwash sinks.

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip MD, MPH
Secretary and State Surgeon General

Vision: To be the Healthiest State in the Nation

APPLICATION for FOOD FACILITY PLAN REVIEW

APPLICANT TO COMPLETE THE FOLLOWING INFORMATION

Facility Name:		Phone: ()	
Facility Address:	City:	Zip:	
Webpage:			

Owner:		Phone: ()	
Owner Address:	City/St:	Zip:	
Email:			

Local Contact/Agent:	Phone: ()
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Type Food Service Facility: (check one)

<input type="checkbox"/>	ALF	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	School (public/private)	<input type="checkbox"/>	Child Day Care	<input type="checkbox"/>	Adult Day Care	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Bar	<input type="checkbox"/>	Theater	<input type="checkbox"/>	Fraternal/Civic Org.	<input type="checkbox"/>	Mobile Unit	<input type="checkbox"/>	Religious Org.	<input type="checkbox"/>	Other

TYPE OF DISH/WARE WASHING

Full Service (Any Reusable Plates or Utensils, etc.)	Single Service (All "Throw Away" Plates & Utensils, etc.)
Type of Preparation (check all that apply)	General Information (answer in space provided)
Full Cooking (Stove Top, Frying, etc.)	Water Supply (City? County? Well?)
Light Prep (w/pot haz foods)	Sewage Disposal (City? County? Septic?)
Utensils (no pot haz foods)	Grease Trap Size?
Snacks Only (no food prep)	Hours of Operation (per day):
Limited Food (packaged only)	Capacity or Dining Seats Available:

TYPE OF CONSTRUCTION (check one)

New Construction/Conversion to Food Facility	<input type="checkbox"/>	\$40.00 per hour
Remodel Existing Food Facility	<input type="checkbox"/>	\$40.00 per hour
Public School/Vocational School/University	<input type="checkbox"/>	NO FEE

Applicant's Signature: _____ Date: ___/___/___

INSPECTION REQUIRED PRIOR TO OPENING