

Borough of Paramus
Department of Health and Human Services
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Paramus, New Jersey 07652 Tel:
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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Plan Review Fee is \$100.00

Please make checks payable to:
"Paramus Health Department"

_____ NEW _____ REMODEL _____ CONVERSION

Name of Establishment: _____

Type of Food Operation: Restaurant _____, Institution _____, Daycare _____,
Retail Food Store _____, Other _____.

Establishment Address: _____

Phone (if available): _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Owner's Email Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc): _____

Applicant's Telephone: _____

Applicant Email Address: _____

Hours of Operation: Sun _____ Thurs. _____
 Mon _____ Fri. _____
 Tues. _____
 Wed. _____

Number of Indoor Dining Seats: _____

Number of Outdoor Dining Seats _____

Number of Staff: _____

Maximun Meals to be Served: (Between Deliveries)	Breakfast _____
	Lunch _____
	Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: (check all that apply)	Sit Down Meals _____
	Take Out _____
	Caterer _____
	Single Use Utensils _____
	Multi-Use Utensils _____
	Other _____

Enclose the following documents:

_____ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services. Include specifications (cut sheets) for all food service equipment.

_____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, offsite and banquet menus)

_____ A finish schedule of walls, floors and ceilings in all food prep areas.

_____ Equipment schedule including location, plumbing, drain and electrical connections.

_____ Number of food managers currently certified in food protection.