



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER & INDUSTRY SERVICES
ATTN: FOOD & DAIRY

P.O. BOX 40627 Send Packages to: 436 Hogan Road
NASHVILLE, TN 37204 NASHVILLE, TN 37220
PHONE# 615-837-5193; FAX (615) 837-5005;
NEWFOOD.BUSINESS@TN.GOV

**FOOD RETAIL PLAN REVIEW QUESTIONNAIRE FOR
NEW BUSINESS-REMODEL-CONVERSION-OWNERSHIP CHANGE**

Food Retail Plan Review questionnaire is to be completed by the Owner/Operator and submitted to Consumer & Industry Services.
Please refer to the Tennessee Retail Food Store Sanitation Regulations 0080-04-09 for the basic requirements.

BUSINESS NAME (Include any dba) _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ CELL PHONE _____ COUNTY _____

NAME OF BUSINESS OWNER(S) _____ PHONE NUMBER _____

BILLING ADDRESS _____ CITY _____ ZIP CODE _____

NAME OF CONTACT _____ PHONE NUMBER _____

EMAIL ADDRESS: _____

TYPE OF ESTABLISHMENT: BAKERY ___ MEAT ___ STORE W/DELI ___ RETAIL STORE ___ PRODUCE ___ OTHER ___

PLEASE CHECK ALL THAT APPLY: NEW ___ REMODEL ___ CONVERSION ___ OWNERSHIP CHANGE ___

(Upload copy of well water or spring approval from local environmental

CHECK ONE: WELL WATER ___ CITY WATER ___ SPRING ___ field office or from the TN Dept of Environment & Conservation)

CHECK ONE: PUBLIC SEWAGE ___ OR SEPTIC TANK ___ **(SUBMIT INSPECTION LETTER - CERTIFICATION - APPROVAL FROM TDEC FOR SEPTIC SYSTEM)** [Division of Water Resources Contacts \(tn.gov\)](http://www.tn.gov)

CHECK ONE: BUSINESS LICENSE ___ OR REGISTRATION WITH TENNESSEE DEPARTMENT OF REVENUE ___

BUILDING SIZE _____ **NUMBER OF SEATS** _____ **(Over 16 seats require 2 restrooms)**

HOURS OF OPERATION _____ **DAYS OF OPERATION** _____ **DATE OF OPENING** _____

FACILITY AND EQUIPMENT:

HAS THIS THE FACILITY EXHAUST AND PLUMBING BEEN APPROVED BY THE LOCAL CODES DEPARTMENT (IF APPLICABLE)? _____

EQUIPMENT USED FOR WARE WASHING (IF APPLICABLE)? COMMERCIAL DISHWASHER _____ THREE BAY SINK _____

TYPE OF SANITIZER BEING USED (IF APPLICABLE)? _____

ARE TEST PAPERS OR KITS AVAILABLE TO CHECK CLEANING AND SANITIZER CONCENTRATIONS?

REQUIRED FOR ALL RETAIL FACILITIES:

IS A MOP SINK OR CURBED SERVICE SINK AVAILABLE AT THE FACILITY?

ARE HANDSINKS CONVENIENTLY LOCATED IN FOOD PREP AREAS, RESTROOMS, AND IN WARE WASHING AREAS?

Ellington Agricultural Ctr, PO Box 40627, Nashville, TN 37204; Packages mailed to 436 Hogan Road, Nashville, TN 37220; Phone (615) 837-5193; Fax (615) 837-5005;

If emailing form, please send to: **NEWFOOD.BUSINESS@TN.GOV;**

DESCRIBE COMPLETE PROCESS of how and what products are prepared? List all steps of how it is processed, cooked, packaged, and labeled. How do you measure the quality and safety of the product? Give examples of pH levels, cooking temperatures, and verification that food grade containers and closures will be used. Submit additional pages as needed.

____ **SUBMIT PLANS (ELECTRONIC PREFERRED) DRAWN TO SCALE OF THE FOOD RETAIL FACILITY, (HAND DRAWN IS ACCEPTABLE)** SHOWING LOCATION OF EQUIPMENT, ALL HANDSINKS, RESTROOMS, WARE WASHING EQUIPMENT AND MOP/SERVICE SINK

____ **SUBMIT ALL LABELS** (IF APPLICABLE) FOR PRODUCTS PRODUCED AND/OR PACKAGED IF FOODS ARE BEING PACKAGED FOR RESALE

____ **SUBMIT** PROOF OF REGISTRATION WITH TENNESSEE DEPARTMENT OF REVENUE OR A BUSINESS LICENSE ISSUED BY A LOCAL GOVERNMENTAL AUTHORITY

STATEMENT:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THE CONSUMER AND INDUSTRY SERVICES DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW, OR REGULATION THAT MAY BE REQUIRED – FEDERAL, STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE ENDORSEMENT OR ACCEPTANCE OF THE COMPLETED ESTABLISHMENT (STRUCTURE OR EQUIPMENT). THE CONSUMER AND INDUSTRY SERVICES SHALL CONDUCT ONE OR MORE INSPECTIONS TO VERIFY THAT THE FOOD ESTABLISHMENT IS CONSTRUCTED AND EQUIPPED IN ACCORDANCE WITH THE APPROVED PLANS OR MODIFICATIONS AS REQUIRED OF PLANS AS NECESSARY TO ACHIEVE COMPLIANCE WITH THE APPROPRIATE REGULATIONS. PERMIT APPROVAL WILL BE CONTINGENT UPON ACTUAL FACILITY INSPECTION.

For Office Use Only:

Check the Risk Category: _____ #1 _____ #2 _____ #3

Revised 12/01/2016

Ellington Agricultural Ctr, PO Box 40627, Nashville, TN 37204; Packages mailed to 436 Hogan Road, Nashville, TN 37220; Phone (615) 837-5193; Fax (615) 837-5005; [NewFood.business@TN.gov;](mailto:NewFood.business@TN.gov)