



Ringwood Health Department  
Borough of Ringwood

60 Margaret King Ave  
Ringwood, NJ 07456  
(973) 962- 7079

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**Retail Food Establishment Plan Review Application**

NEW  REMODEL  CHANGE OF USE/ EXPANSION  OTHER: \_\_\_\_\_

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

Type of Operation:  Restaurant  Institution  Daycare  Retail Food Store

Other: \_\_\_\_\_  Mobile Vendor

Address of Establishment: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, builder, etc.): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicants Phone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Hours of Operation:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of Seating: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

Total Square Feet of Facility: \_\_\_\_\_

Expected Date of Opening: \_\_\_\_\_

**Food Preparation**

Indicate the Risk Type associated with the proposed establishment:

- Risk Type 1 (Dry goods and prepackages ready to eat foods only)
- Risk Type 2 (Limited menu, cook and serve. Two or less items will undergo process of cook-cool-reheat)
- Risk Type 3 (Full menu. Two or more items will undergo process of cook-cool-reheat)
- Risk Type 4 (Specialized processing: Sushi, curing, smoking, drying)

Please mark which categories of potentially hazardous foods are to be handled, prepared, and served:	
Deli meat, poultry, fish, eggs	<input type="checkbox"/>
Cold processed foods (salad, sandwiches, vegetables, fruit)	<input type="checkbox"/>
Hot processed foods (stews, soups, rice, noodles, sauces, etc.)	<input type="checkbox"/>
Baked goods (pies, custards, toppings, etc.)	<input type="checkbox"/>
Other: _____	

- Provide a proposed menu with this application
- Risk Type 3 and Risk Type 4 must provide Food Protection Manager Certificate.

\*For Specialized Processes (Sushi, Curing, Smoking, etc.) please provide HACCP plan.

**Water Supply**

Is the water supply:  Public (Please provide bill or proof of water connection)

or

Private (well) PWSID# \_\_\_\_\_ (Please include most recent well water bacteria analyses)

**Sewage Disposal**

Is the sewage system:  Public Sewer (Please provide bill or proof of sewer connection)

or

Individual Sewage Disposal System

- Are there any known malfunctions or non-compliance issues you are aware of? Yes  No

\*Include engineers' certification that the system is suitably sized and in conformance with current regulations.

**Site and Equipment**

Please include a plan of the establishment and specifications of equipment. This should include:

- Drawing, plan or sketch of establishment drawn to scale (clearly label entrances, hand sinks and toilet facilities.)
- Equipment specifications including make, model numbers, capacity and location (Equipment should be ANSI or NSF certified. Domestic appliances are not recommended for commercial use.)
- Finish and material specification of floors, walls, covered juncture bases & ceilings
- Plumping layout including sinks, floor drains, overhead waste-water lines, supply lines, hot water generation equipment, back flow prevention devices, etc.
- Ventilation for each room (layout of duct work, make, model and rated capacity of the exhaust fans)
- Storage for: Dry storage, Chemical Storage, and Personal Articles Storage for employees

- Lighting (Foot Candles of Illumination, location and coverings)
- Sight Plan (Location of outside equipment and refuse area)
- For Mobile Vendors: Please include commissary/ base of operation agreement

**For Remodel, Expansion, Change of Use**

- Provide two floor plans (one showing the existing floor plan and one showing the proposed changes)
- Provide a certification from the engineer that the individual subsurface sewage disposal system is appropriately sized for the expansion or change of use. The engineer must indicate the system is not in malfunction.

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior acknowledgement from this health department may void final approval.

Signature:

\_\_\_\_\_ (owner or representative)  
 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

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

\*Approval of these plans and specifications by this department does not indicate compliance with any other code, law or regulation that may be required. A pre-operational inspection will be required with equipment in place prior to final approval