

**FOOD SERVICE ESTABLISHMENT SITE REVIEW FORM****Change of Ownership • Re-Occupancy • Change of Use • Equipment Addition**

To ensure compliance with the requirements of the Michigan Food Law, Act 92 of 2000 as amended, and the Michigan Modified 2009 FDA Food Code, food service establishments that have changed ownership/use or have been closed and plan to be re-occupied by another business are required to undergo a site review evaluation and inspection prior to opening. Site review will be required for the addition of any major food service equipment item, including but not limited to refrigeration units, dish machine, or food/beverage self-service stations, and it may be required for equipment replacement if it is not replaced by like equipment (e.g., switching to a tankless water heater). This review is required even if remodeling is unnecessary for the new equipment installation.

If there will be multiple equipment changes, or a change to the layout or flow of the facility, then you must complete and submit a complete plan review application and worksheet and pay the appropriate full or partial plan review processing fee.

To prevent possible delays in the review process, all of the following items must be completed and compiled into a single package and submitted to this department. Should you have any questions regarding plan submission requirements or opening procedures, feel free to contact us. Please submit the following to [health@livgov.com](mailto:health@livgov.com), fax to (517) 546-9853, or mail to 2300 E. Grand River Ave., Suite 102, Howell, Michigan 48843:

- 1. Food Service Establishment Site Review Application**
- 2. Inspection fee of \$250**
- 3. Food Service License Application with fee based on seating** (may not apply to site review if currently licensed with no ownership change)
- 4. Menu draft (approval required prior to printing)** If your facility does not have a formal, set menu, such as a school with a rotating menu, submit representative sample menus or a list of foods offered for sale or service. (may not apply to site review)
- 5. Standard Operating Procedures (SOPs) specific to the menu and equipment proposed** (may not apply to site review)
- 6. Manufacturer's specification sheets** (for minor equipment changes/replacements only, with no change to the layout or flow of the facility)

Both a current food safety manager's certificate (ServSafe or equivalent) and a current MDARD (Michigan Department of Agriculture and Rural Development) approved allergen training program certificate of completion must be submitted to the Health Department within 90 days of the pre-opening inspection if ownership has changed. The certified person(s) must be employed full-time at the establishment. If applying for re-occupancy, your establishment may not open for business until a pre-opening inspection is conducted and approval is granted by this department.

**FOOD SERVICE ESTABLISHMENT SITE REVIEW APPLICATION**

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

**Select Type:** Change of Ownership; Re-Occupancy; Change of Use; Equipment Addition

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

Address, City, Zip: \_\_\_\_\_

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

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

**Owner Information**

Owner's Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Proposed opening date: \_\_\_\_\_

*For reviewing agency use only:*

Fee: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Plan Review #: \_\_\_\_\_

Remarks: \_\_\_\_\_

**General Information**

Hours of Operation: \_\_\_\_\_

Seating Capacity (include bar): \_\_\_\_\_

Minimum staff per shift: \_\_\_\_\_ Maximum staff per shift: \_\_\_\_\_

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?  Yes  No

If yes, explain: \_\_\_\_\_

**Type of Operation** (check all that apply)

**A. Restaurant Related**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sit down meals     | <input type="checkbox"/> Buffet or salad bar          | <input type="checkbox"/> Church        |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Tableside / display cooking  | <input type="checkbox"/> Take-out menu |
| <input type="checkbox"/> Counter            | <input type="checkbox"/> Hospital                     | <input type="checkbox"/> Cafeteria     |
| <input type="checkbox"/> Fast food          | <input type="checkbox"/> Bottling alcoholic beverages | <input type="checkbox"/> Catering      |
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Special transitory food unit | <input type="checkbox"/> Mobile vendor |

**B. Grocery Related**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Grocery store                | <input type="checkbox"/> Produce processing         | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat                   | <input type="checkbox"/> Smoked fish                | <input type="checkbox"/> Seafood / fish  |
| <input type="checkbox"/> Self-service baked goods     | <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Produce         |
| <input type="checkbox"/> Bottling alcoholic beverages | <input type="checkbox"/> Self-service bulk items    | <input type="checkbox"/> Bakery          |

Repackage / processor of: \_\_\_\_\_

**Describe any proposed equipment changes or replacements:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the site review application package submitted is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of owner or representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name and title

*Please submit application to [health@livgov.com](mailto:health@livgov.com), fax to (517) 546-9853, or mail to 2300 E. Grand River Ave., Suite 102, Howell, Michigan 48843*