



ARKANSAS DEPARTMENT OF HEALTH

PROJECT COST ESTIMATE WORKSHEET

As required by A.C.A. § 20-7-123, this worksheet must be completed and submitted with the estimated fee or \$500 paid

PROJECT NAME _____

PROJECT ID# _____ (ADH Use Only)

COUNTY _____

PROJECT LOCATION (911 if available) _____

CITY, STATE, ZIP _____

OWNER/SUBMITTER NAME _____ TELEPHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE A DEPARTMENT OF HEALTH REVIEW.

- | | |
|---|-----------------|
| 1. WATER SYSTEM IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding water system improvements ENG (501) 661-2623</i> | |
| 2. SEWER SYSTEM IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding sewer system improvements ENG (501) 661-2623</i> | |
| 3. PLUMBING..... | \$ _____ |
| <i>For questions regarding plumbing plans (501) 661-2642</i> | |
| 4. SWIMMING POOL..... | \$ _____ |
| <i>For questions regarding swimming pool plans (501) 661-2171</i> | |
| 5. FOOD ESTABLISHMENT IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding food establishment plans (501) 661-2171</i> | |
| 6. HEALTH FACILITY IMPROVEMENTS | \$ _____ |
| <i>For questions regarding health facility improvements (501) 661-2201</i> | |
| 7. OTHER..... | \$ _____ |
| TOTAL ESTIMATED COST..... | \$ _____ |

- | | |
|--|-----------------|
| A. PLAN REVIEW FEE:..... | \$ _____ |
| <i>1% of total est. cost, not less than \$50.00 and not to exceed \$500.00. (see #1 on reverse side)</i> | |
| B. PLAN REVIEW FEE for INDIVIDUAL ONSITE WASTEWATER SYSTEMS..... | \$ _____ |
| <i>For individual sewage disposal system permits; and for subdivisions whose lots are < 3 acres, and mobile home & RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)</i> | |
| TOTAL FEES SUBMITTED | \$ _____ |
| <i>(Add A & B)</i> | |

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: _____ DATE _____

HOW TO DRAW A FLOOR PLAN

The completed drawing should be a good representation of exactly how your vehicle looks in real life or how you intend it to look when completed. By following these simple instructions, you will be able to draw an accurate, scaled floor plan yourself.

A floor plan is a measured drawing that is an exact miniature representation of your unit as seen from an overhead view and/or side view. The plan must be drawn "to scale", which means that everything must be in the correct proportions. For example, if the unit is 20 feet long and 10 feet wide, then the length would be drawn twice as long as the width on your paper. The same is true for all of the equipment and sinks.

Begin by measuring the length and width of your unit with a tape measure as well as the lengths and widths of all equipment, etc. Note: Write down all the measurements taken on a piece of paper for future reference. If your unit does not yet exist, or you have not yet decided upon the exact equipment, your measurements will be estimates.

You may use any size graph paper, but the most common (and simple) graph paper is labeled as ¼ inch grid. Each small square is ¼ inch long. You can find this type of graph paper in office supply stores. To draw your plan "to scale", make each ¼ inch square equal to a real life distance. For example, if you decide that 1 foot is equal to a ¼ inch square, then a grill 2-feet long and 1-foot wide is drawn to cover 2 squares across and 1 square deep. Remember to show all doors and windows.

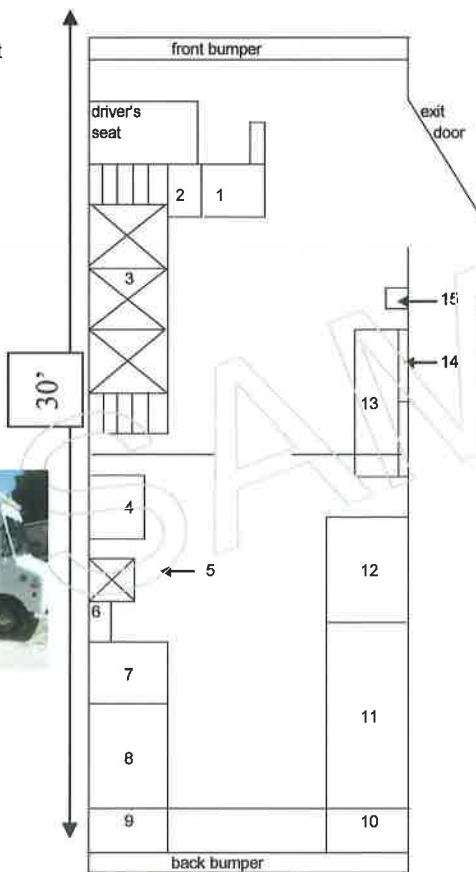
Identify all pieces of equipment with a number and create a list identifying to what each number refers. As an alternative, you may label each item like in the sample to the right. Provide two (2) copies of the floor plans to include the location of all sinks, potable and wastewater tanks, food storage areas, refrigerators, cooking equipment, work surfaces, propane tanks (if applicable), doors, windows and any other equipment present. Wastewater holding tanks must be 15% larger than the potable water holding tank (indicate size in gallons).

MOBILE FOOD DISPENSING VEHICLE

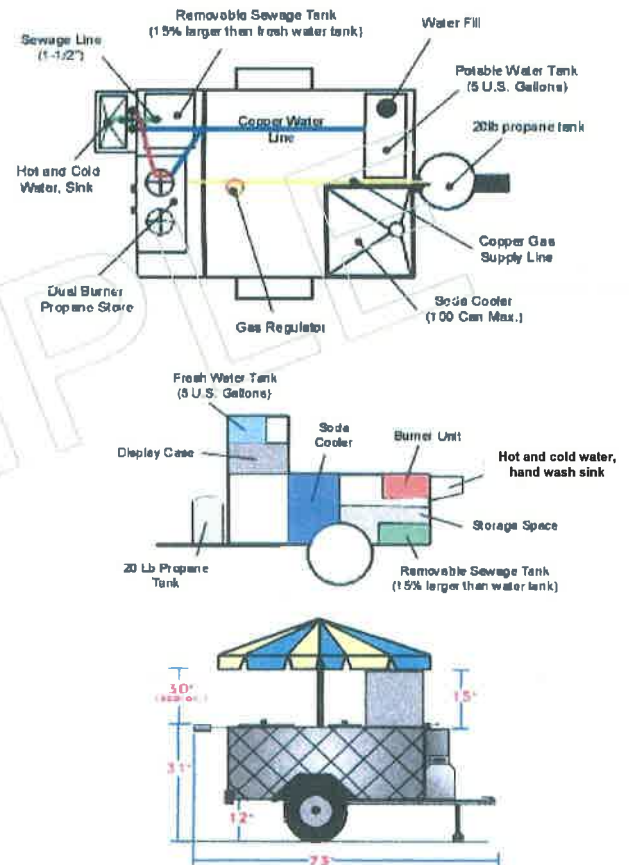
1. Potable water tank – 20 gallons
2. Water heater
3. Three-compartment sink w/drainboards
4. Wastewater tank – 25 gallons
5. Handwash sink
6. Waste receptacle
7. Flat top griddle
8. Stove
9. Propane tank
10. Generator
11. Work table
12. Refrigerator
13. Service counter
14. Service window
15. Fire extinguisher



SIDE VIEW



HOT DOG CART



ARKANSAS DEPARTMENT OF HEALTH

4815 W. Markham St., Slot 46

Little Rock, AR 72205

Retail Food Establishment Permit Application

**THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING
(Please Print Clearly or Type to ensure no delays in processing)**

Date:

Name of Establishment:

Check One: New Remodel Mobile Unit / Push Cart
 New Ownership of Existing Facility Incubator / Contract Operator of Existing Facility

If your business is a retail food facility/operation please answer the following questions

Have you been through Retail Food Plan Review? **Yes or No** **Date?**

Have you contacted the Local County Health Department? :

Establishment Information:

911/ PhysicalAddress:

City: State: Zipcode:

County: Telephone:

Name of Owner(s)/Corporation:

Contact Person:

Drivers License # or Gov. ID #

Telephone # : Email:

(Please provide the following billing address ONLY if it is different than 911/physical address)

Mailing/Billing Address:

City: State: Zip Code:

Establishment's Water Source: Municipal Water Well Other
(please list type)

Establishment's Sewage Disposal: Municipal Sewage Septic System

Category: Check All That Apply:

- | | | |
|---|---|---------------|
| <input type="checkbox"/> Restaurant \$35.00 | <input type="checkbox"/> Daycare \$35.00 | Total Due: \$ |
| <input type="checkbox"/> Food Store \$35.00 | <input type="checkbox"/> Retail Deli/Bakery \$35.00 | |
| <input type="checkbox"/> Kiosk \$35.00 | <input type="checkbox"/> Food Mobile \$35.00 Food | |
| <input type="checkbox"/> Private School \$35.00 | <input type="checkbox"/> Salvage Permit \$35.00 | |
| <input type="checkbox"/> Public School or Charter School \$0 | <input type="checkbox"/> Summer Feeding / Afterschool \$35.00 | |
| <input type="checkbox"/> Private Contractor (Schools) \$35.00 | | |



Food Safety Questions:

- 1. Will the facility be serving food to a highly susceptible population? Yes No
(young children, the elderly, or the chronically ill)
- 2. Will you be using specialized processing methods methods to preserve, extend shelf life, or render food so that it no longer requires temperature control for safety such as vacuum packaging, curing, canning, or pickling? Or sprouting seeds or beans? Yes No
 - a. If yes, do you have a HACCP plan? Yes No
- 3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No
- 4. Are your managers/workers required to complete food safety training? Yes No

DISCLAIMER: A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s)

_____ *owner(s) or responsible representative(s)*

_____ *Date*

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING

**Submit to:
Arkansas Department of Health
Food Protection Services
4815 W. Markham St., Slot 46
Little Rock, AR 72205**

