



CITY OF MAPLEWOOD

1830 County Road B East
Maplewood, MN 55109
Phone (651) 249-2300
www.MaplewoodMN.gov

Permit # _____

Fee Paid

Plans Rec'd

Health Approval

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment: _____

Address of Establishment: _____

Name of Owner: _____

Email: _____

Address: _____

Phone: _____

Contact for plan review process/approval: _____

Email: _____

Address: _____

Phone: _____

Contact on-site: _____

Phone: _____

Is this a new or existing establishment? _____

Anticipated start date: _____

Anticipated finish date: _____

One set of complete plans (including room finish schedule), equipment layout and specifications, menu, food manager information, and fee* must be submitted before the plan review process will begin. *CONTACT 651-249-2300 FOR FEE AMOUNT.

Applicant Signature: _____ **Date** _____

Health Approval by: _____ **Date** _____