



**CITY OF DALLAS**  
**Department of Code Compliance**  
**Consumer Health Division**  
 7901 Goforth  
 Dallas, Texas 75238  
**Plan Review Application**

**PLEASE PRINT-ALL SPACES MUST BE COMPLETED**

<b>FEES</b> ALL FEES ARE NON-REFUNDABLE AND BASED ON THE CURRENT FEE SCHEDULE	<b>THE PLAN REVIEW FEE CANNOT BE APPLIED TO A          FOOD ESTABLISHMENT PERMIT FEE.</b>  <b>THE CITY OF DALLAS DOES NOT ACCEPT          PAYMENTS IN THE FIELD.</b>	<b>FOR OFFICE USE ONLY</b> FA# _____ CC# _____ Plans Approved by: _____ Date Approved: _____
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Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Owner of Food Business\*: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Contact Person for Inspection: \_\_\_\_\_ Local Phone: \_\_\_\_\_

**PERMIT REQUEST FOR:**

- Kiosk
- Self-service Market
- Vending Machine

By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

\_\_\_\_\_  
 \* Owner or Authorized Signature (Required)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 TX Driver's License #

\_\_\_\_\_  
 Date of Birth

**ATTACH A COPY OF PLANS (LAY OUT) AND  
 EQUIPMENT SPECIFICATION SHEETS TO THIS APPLICATION**

## PLAN REQUIREMENTS

1. Show a top view indicating the dimensions (to approximate scale). Include a layout of all equipment and supplies, including soap and paper towels, condiments, bins, refrigerator, water heater, etc.
2. Include operator's side view showing the dimensions and layout of all equipment. Show the height above the ground. (Include side and front view dimensions.)
3. List the finishes on all the surfaces including the awning or overhead cover.
4. List the make, model and capacity of refrigerator (electrical cord not to exceed 10 feet.)
5. Provide a list of all equipment to be used.

## PLUMBING/PIPING DIAGRAM-For Kiosk

1. There must be a least 6 gallons of potable water on the cart for hand washing purposes and 5 gallons for utensil washing. The waste retention tank must be at least 15% larger than the fresh water capacity.
2. Indicate how the fresh water system will be pressurized.
3. Indicate that all fresh water piping will be drinking water approved and provide piping diagram with pipe sizes and type connections. The waste water connection shall be of a different size or type than the connection used for supplying potable water to the unit and must also be tight fitting with a quick disconnect.
4. Detail water heating system and how the water will be heated. NOTE: Hot water should be at a minimum of 110°F.

## COMMISSARY INFORMATION

1. You must use only an approved and permitted commissary. The commissary must be approved by the Consumer Health Division prior to issuing the Food Products Establishment Permit.
2. If you own the commissary, provide a copy of the health permit and a copy of the latest inspection report.
3. If you do not own your commissary, obtain a Commissary Approval form and have it completed and signed by the commissary owner. Provide a map showing where the commissary is in relation to the service site. Also provide a layout of the commissary detailing the area for disposal of waste water, storage areas, sinks, and refrigeration.

## RESTROOM FACILITES

Restroom facilities must be conveniently located at the service site.

**NO CHANGES MAY BE MADE WITHOUT DEPARTMENT APPROVAL**