



**CONSUMER HEALTH SERVICES PLAN REVIEW PACKET**

**All facilities must be inspected and licensed prior to operation. Submitting this form does not give permission to open or operate an establishment.**

**To ensure a timely review, the following documents shall be submitted to the department for approval at least 30 days prior to construction**

1. Completed Plan Review Packet
2. One complete set of floor plans, drawn to scale, showing layout of equipment and mechanical systems. Refer to Ch. 2, Sec. 7 of the Wyoming Food Safety Rule or Ch. 2 of the Wyoming Pool Rule
3. Refer to specific plan review packet for additional requested information

Once the plan review packet has been approved, a pre-opening inspection shall be completed, license application completed and fees paid to Wyoming Department of Agriculture before a license will be issued. A license fee of \$100.00 will be required at time of licensing. Please make checks payable to: **Wyoming Department of Agriculture Consumer Health Services Section.**

Area inspector contact information and entire written regulations can be found at <http://wyagric.state.wy.us/divisions/chs>, or by contacting the Consumer Health Services Division of the Wyoming Department of Agriculture at 307-777-7211.

Mark All That Apply:

- |   |  |
|---|--|
| <input type="checkbox"/> New construction                   | <input type="checkbox"/> Change of type of operation       |
| <input type="checkbox"/> Conversion of an existing building | <input type="checkbox"/> Change of ownership               |
| <input type="checkbox"/> Remodeling                         | <input type="checkbox"/> Requested by regulatory authority |

\_\_\_\_\_  
Applicant's printed name & title:

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
date of signature

**Date Plan Review Submitted:** \_\_\_\_\_ **Anticipated Opening Date:** \_\_\_\_\_



GENERAL INFORMATION							
TYPE OF ESTABLISHMENT (CHECK ALL THAT APPLY)							
<input type="checkbox"/> Aquatic Features	<input type="checkbox"/> Bulk Water	<input type="checkbox"/> Dairy	<input type="checkbox"/> Dietary Supplement	<input type="checkbox"/> Manufactured Food	<input type="checkbox"/> Meat Plant	<input type="checkbox"/> Mobile Unit or Push Cart	<input type="checkbox"/> Retail Food
Name of Establishment:					Phone:		
Address:					Cell:		
City:					Fax:		
State/Zip:				Email:			
County:							
Website:							
OWNERSHIP INFORMATION							
Individual Name:					Phone:		
Title:					Cell:		
Corporate Name:					Fax::		
Mailing Address:							
City:					Zip:		
State:				Email:			
Form of Organization:				Date formed and state where incorporated:			
<input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other entity:							
ON-SITE CONTACT INFORMATION ( <input type="checkbox"/> CHECK IF SAME AS ABOVE)							
Name of Primary Contact					Phone:		
Address:					Cell:		
City/State:				Zip:			
Additional contact/title:				Phone:			
Additional contact/title:				Phone:			
DAYS AND HOUSE OF OPERATION							
<b>Days</b>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
<b>Hours</b>	to	to	to	to	to	to	to



**MONTHS OF OPERATIONS**

<input type="checkbox"/>											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

**If a seasonal operation or irregular hours will occur, please explain:**

**ADDITIONAL COMMENTS**

**FOR OFFICE USE ONLY**

**Date Plan Review Received:**  
 \_\_\_\_\_

**Plan Review Received by:** \_\_\_\_\_

**Date Plan was Reviewed:**  
 \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_