

## Tap Room / Tasting Room Plan Review Checklist

Facility name: \_\_\_\_\_

This checklist will help you prepare a complete plan review packet. Submit the completed plan review packet and checklist with the required application fee. Incomplete plan review packets will not be accepted. Make a copy of this plan review packet for your records prior to submittal. Plan review fees are non-refundable.

<input checked="" type="checkbox"/>		ITEM	DESCRIPTION	Office Use Only
	1	Application	Provide complete Food Plan Review Application page.	
	2	Questionnaire	Provide complete Tap Room/Tasting Room Questionnaire form.	
	3	Water and Sewer Review	Complete the Water and Sewer Review form.	
	4	Equipment List	Provide make and model numbers of all equipment, including refrigeration and plumbing fixtures. Show location on floor plan. Only commercial grade, National Sanitation Foundation (NSF) or equivalent, equipment is acceptable.	
	5	Finish Schedule	Provide complete Finish Schedule form. Include the materials used for all floors, walls, ceilings, counters, and cabinets.	
	6	Floor Plan	Provide a floor plan of the entire facility. Floor plan must show location of all equipment, plumbing, restrooms, storage areas, etc.	
	7	Drink Menu (optional)	Provide a complete list of beverages that will be offered including seasonal rotations.	
	8	Business License	Provide a copy of your Washington State Department of Revenue issued business license.	
	9	Fee	Include application fee.	

I understand I cannot open this food establishment until I have received written approval from this program, obtained all annual operating permits and have been inspected and approved by all applicable city, county, and state agencies.

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

## General Food Plan Review Application

<b>Application must be completed <u>in full</u> and submitted <u>with fee(s)</u> and the items listed for processing:</b>				
Reviewed by:			PA Initials:	
<b>TYPE OF PLAN REVIEW (Check applicable box)</b>				
	\$1100 (PE 5672) General Food Plan Review	New food service establishment plan review and pre-operational inspection fee		
	\$250 (PE 5670) Tap Room / Tasting Room Plan Review	New tap room / tasting room plan review and pre-operational inspection fee		
	\$1100 Multiple Permit Facility General Plan Review base fee <b>plus</b> \$305 for each additional permit (PE 5676 & PE 5675)	New multiple permit food service establishment. New food service establishment with multiple permits (I.e., deli, meat/fish, etc.). Fee includes plan review and pre-operational inspection.		
	\$500 (PE 5642) Change of Ownership	Change of ownership includes inspections.		
	\$305 (PE 5685) Alteration to Existing Establishment/Approved Plan	Alteration to currently permitted food service establishment or revision of approved plan. Includes plan review and pre-operational inspection.		
	\$235 (PE 5677) Consultation Fee	Plan review consultation (on or offsite)		
	\$900 (PE 5683) HACCP Review (with or without variance)	Hazard Analysis Critical Control Point (HACCP) plan review with or without a variance – when required by WAC for food proposed food preparation steps. Includes plan review and pre-operational inspection.		
	\$235 (PE 56AM) Variance Request without HACCP Review	Variance request without HACCP Plan review. Includes plan review and pre-operational inspection.		
<b>ESTABLISHMENT INFORMATION</b>			<b>ESTABLISHMENT MAILING ADDRESS</b>	
Establishment Name:			Name:	
Site Address:			Mailing Address:	
City:	ZIP:	City:	State:	ZIP:
<b>OWNER INFORMATION (should match business license)</b>				
Name:			Phone:	
Address:			E-mail Address:	
City:			State:	Zip:
<b>CONTACT INFORMATION (if different than owner)</b>				
Name:			Phone:	
Address:			E-mail Address:	
City:			State:	Zip:
<p><i>Review is based upon requirements of WAC 246-215; Rules &amp; Regulations of the State Board of Health for Food Service Sanitation. Other agency approvals required prior to permitting with the Snohomish County Health Department may include county or city Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.</i></p> <p><i>Signature of the owner or appointed contact person affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Retail Food Code.</i></p>				
Signature:			Date:	
Print Name:				

1. This facility is a food service establishment that does not handle any open food or conduct any food preparation including garnishes. \_\_\_\_\_(initials)
2. What are the general beverages you plan to serve?  
 Beer  Wine  Cider  Other: \_\_\_\_\_  
*Option to attach a copy of your written menu.*
3. What method will you serve the above beverages?  
a.  Glassware  Disposable cups only  Other: \_\_\_\_\_
4. Select from the options below all proposed beverage sources:  
a.  Brewed in-house  Other local breweries  Purchased commercially
5. Where will chemicals be stored?
  
6. Where will employee belongings be stored?
  
7. Is all equipment commercial grade, NSF certified or equivalent?  yes  no
8. Is there a handwash sink(s) by your dishwashing and beverage service area that is conveniently located, easily accessible, directly visible and not blocked by any walls or doorways?  yes  no
9. Is your handwash sink(s) at least 8"x8" and large enough to fit both hands at the same time?  yes  no
10. Is there a mop/service sink conveniently located for the disposal of mop water?  yes  no
11. Does your 3-compartment sink have attached, sloped drainboards and rounded edges?  yes  no
12. Will any of your beverages be served from a tap system?  yes  no  
a. If you answered yes, will the drip tray be plumbed indirectly? (required)
13. Do you intend to refill customer-owned growlers?  yes  no  
a. If you answered yes, please describe the contamination-free process for doing so:
  
14. Is there a permanently plumbed restroom on-site that is available to customers without needing to walk through dishwashing, storage, service, or brewing areas?  yes  no
15. How will you prevent pest entry?
  
16. Please list the company or service provider you will utilize for garbage removal  
a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
17. Have you contacted the Washington State Liquor & Cannabis Board to obtain all necessary permits and licensing for this establishment?  yes  no  not applicable (no alcohol served)
18. Have you already reached out to your local building department to apply for a plumbing permit for this establishment (*Required*)?  Yes  No
19. Is your facility currently connected to a public water supply?  Yes  No
20. Please indicate which type of wastewater connection is available at your facility:  
 Public Sewer System  Approved On-site Septic System

21. Will your building department or fire marshal require a hood system for your intended equipment (i.e., mechanical dishwasher)?

- a. Building Department Name \_\_\_\_\_
- b. Name of official \_\_\_\_\_

22. Do you plan to allow non-service dogs in your indoor and/or outdoor seating areas?  yes  no

- a. If yes, attach a written plan in accordance with WAC 246-215 (06570) for review and approval. The written plan should address the listed requirements below. An approved plan also includes the method of training employees and corrective actions to ensure compliance.
  - i. Dogs are on a leash or in a carrier and under the control of their owner.
  - ii. Dogs do not go through any areas of drink preparation or glassware storage to reach the customer areas where they are allowed.
  - iii. Dogs are not allowed on tables, chairs, benches, seats or other fixtures in the establishment.
  - iv. Any food or drink containers provided for dogs are not washed or rinsed in the establishment.
  - v. Employees do not have direct contact with dogs.
  - vi. The outdoor area is maintained clean of animal waste.
  - vii. The owner of the establishment ensures compliance with local ordinances related to sidewalks, public nuisance, and sanitation.

**23. Proposed hours of operation:**

open 24 hours everyday     seasonal; \_\_\_\_\_

Day	From	AM/PM	To	AM/PM
Sunday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm
Monday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm
Tuesday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm
Wednesday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm
Thursday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm
Friday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm
Saturday		<input type="checkbox"/> Am <input type="checkbox"/> Pm		<input type="checkbox"/> Am <input type="checkbox"/> Pm



Fill out this form if you are connected to city water and/or sewer services or are planning on having an on-site septic system.

Facility name: \_\_\_\_\_

Site address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed number of seats: \_\_\_\_\_

Yes  No **Are you a newly constructed facility?**

Yes  No **Are you making changes to an existing facility?**

Yes  No **Do you have an approved grease interceptor in your facility?**

Your local water/sewer district may require an approved grease interceptor to be installed in the facility. We recommend contacting your local water/sewer agency for information regarding grease interceptor installation.

**WATER SYSTEM**

This section should be completed by contacting your local public water system official (if different from sewer) and informing them of the scope of your project and proposed new facility address. If necessary, a letter of availability may be provided for new construction.

Name of Public Water Utility Provider: \_\_\_\_\_

Full Name of Water System Official: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Water System Official: \_\_\_\_\_ Date: \_\_\_\_\_

**WASTEWATER SYSTEM**

**Which type of wastewater system will your facility be connected to?**

Public Sewer System     On-site Septic System    \_\_\_\_\_(Initial)

**On the next page:**

Fill out the Public Sewer System section if you are planning on being connected to a public sewer system.

Fill out the On-site Septic System section if you are planning on being connected to an on-site septic system.

## **Public Sewer System**

This section should be completed by contacting your local public sewer system official and informing them of the scope of your project and proposed new facility address. A letter of availability may be provided for new construction.

Name of Public Sewer Utility Provider: \_\_\_\_\_

Full Name of Sewer System Official: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Sewer System Official: \_\_\_\_\_ Date: \_\_\_\_\_

## **On-site Septic System**

If your facility will be connected to an on-site septic system, your application will also need to be reviewed for approval by the Snohomish County Health Department Land Use team.

New  Existing **Is your septic system new or existing?**

After your initial review by the Land Use team, you may be approved, or you may be required to complete some or all of the following:

- Hire a licensed septic system designer or engineer to evaluate the existing on-site septic system and proposed operational/menu changes, and submit one of the following to the Snohomish County Health Department:
  - A statement of adequacy, with reasoning, of existing on-site septic system to support proposed operational/menu changes, or
  - An application for a redesign of the on-site septic system.
- Complete a satisfactory Operation and Maintenance (O&M) septic inspection less than 1 year old. For a list of septic service companies to complete inspection, visit our website at: <https://www.snohd.org/687/Find-a-Septic-Contractor>
- Provide the Snohomish County Health Department with a signed monitoring and maintenance agreement, specific to your on-site septic system, between the owner of the on-site septic system and a certified contractor.

## AGENCY LIST:

<b>Water and Sewer Agencies</b>	<b>Contact</b>
Alderwood Water and Wastewater District	425-787-0220, <a href="http://www.awwd.com">www.awwd.com</a>
Lake Stevens Sewer District	425-334-8588, <a href="http://www.lkstevensseswer.org">www.lkstevensseswer.org</a>
Mukilteo Water and Wastewater District	425-355-3355, <a href="https://www.mukilteowwd.org/">https://www.mukilteowwd.org/</a>
Silver Lake Water and Sewer District	425-337-3647, <a href="https://slwsd.com/">https://slwsd.com/</a>
<b>Building Departments</b>	
Arlington Building Department	360-403-3551 <a href="https://www.arlingtonwa.gov/243/Building-Permits">https://www.arlingtonwa.gov/243/Building-Permits</a>
Bothell Building Department	425-806-6400 <a href="http://www.ci.bothell.wa.us/337/Permit-Center">http://www.ci.bothell.wa.us/337/Permit-Center</a>
Darrington Building Department	360-436-1131 <a href="https://townofdarrington.com/Departments/building-and-planning/">https://townofdarrington.com/Departments/building-and-planning/</a>
Edmonds Building Department	425-771-0220 <a href="http://www.edmondswa.gov/2011-08-03-22-54-45/building-divison-home.html">http://www.edmondswa.gov/2011-08-03-22-54-45/building-divison-home.html</a>
Everett Building Department	425-257-8810 <a href="https://everettwa.gov/169/Permit-Services">https://everettwa.gov/169/Permit-Services</a>
Gold Bar Building Department	360-793-1101 <a href="https://cityofgoldbar.us/city-services/permits/permit-applications/">https://cityofgoldbar.us/city-services/permits/permit-applications/</a>
Granite Falls Building Department	360-691-6441 <a href="http://ci.granite-falls.wa.us/?page_id=854">http://ci.granite-falls.wa.us/?page_id=854</a>
Lake Stevens Building Department	425-622-9400 <a href="https://www.lakestevenswa.gov/158/Permit-Center">https://www.lakestevenswa.gov/158/Permit-Center</a>
Lynnwood Building Department	425-670-5400 <a href="https://www.lynnwoodwa.gov/Services/Apply-for-a-Permit/Building-and-Construction-Permits/Commercial-Permits">https://www.lynnwoodwa.gov/Services/Apply-for-a-Permit/Building-and-Construction-Permits/Commercial-Permits</a>
Marysville Building Department	425-363-8100 <a href="https://www.marysvillewa.gov/109/Permit-Services">https://www.marysvillewa.gov/109/Permit-Services</a>
Mill Creek Building Department	425-551-7254 <a href="https://www.cityofmillcreek.com/city_government/public_works_and_development_services/building">https://www.cityofmillcreek.com/city_government/public_works_and_development_services/building</a>
Monroe Building Department	360-863-4501 <a href="http://www.monroewa.gov/93/Permitting">http://www.monroewa.gov/93/Permitting</a>
Mountlake Terrace Building Department	425-744-6267 <a href="https://www.cityofmlt.com/177/Building-Permits">https://www.cityofmlt.com/177/Building-Permits</a>
Mukilteo Building Department	425-263-8075 <a href="https://mukilteowa.gov/departments/planning-development/permits/?cn-reloaded=1">https://mukilteowa.gov/departments/planning-development/permits/?cn-reloaded=1</a>
Snohomish Building Department	360-282-3156 <a href="https://www.snohomishwa.gov/661/Permitting">https://www.snohomishwa.gov/661/Permitting</a>
Stanwood Building Department	360-629-2181 <a href="https://stanwoodwa.org/205/Building-Permitting">https://stanwoodwa.org/205/Building-Permitting</a>
Sultan Building Department	360-793-2231 <a href="https://www.ci.sultan.wa.us/171/Building">https://www.ci.sultan.wa.us/171/Building</a>

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### Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

Facility name: \_\_\_\_\_

List **all food service equipment**, including make and model numbers. Examples include, but are not limited to refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, ventilation hoods, and all countertop appliances. If make and model number cannot be found, a picture of the equipment is required. **The item numbers on this list must be the same as the item numbers for the equipment on the floor plan.**

Equipment must be commercial grade and meet American National Standards Institutes (ANSI) standards (NSF, ETL Sanitation or UL EPH listed). "Commercial", "Professional", and "Business" labels do not meet this requirement.

**Sample Equipment List**

# On floor plan	Kind of equipment	Make	Model #
1	2 Door upright refrigerator	True	T-49-HC
2	Ice machine	Manitowoc	IYT0300A
3	Rice cooker	Avantco	RW92
4	3-compartment dish wash sink (with 2 drainboards)	Advanced Tabco	FC-3-2030-20RL

# On Floor Plan	Kind of Equipment	Make	Model #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

*Extra space is provided on the next page if needed.*



Facility name: \_\_\_\_\_

- All bare wood surfaces (doors, trim, counters, shelves, cabinets, etc.) must be sealed so that they are smooth and nonabsorbent.
- Floors throughout must be constructed of smooth, easily cleanable, non-absorbent material including customer seating areas.
- Coving must be installed at all wall/floor junctions.
- Walls must be constructed of light colored, smooth, easily cleanable, non-absorbent materials. Provide Fiber Reinforced Plastic (FRP), laminate plastic, tile, or similar waterproof material on wall surfaces behind sinks, dishwashers, food preparation areas, and areas exposed to moisture.
- Ceilings above any areas of open food handling or preparation must be constructed of smooth, easily cleanable, non-absorbent materials. Unsealed and or perforated acoustical ceiling tiles are not allowed. Vinyl covered ceiling tiles such as vinyl rock or other washable surfaces are allowed. Exposed greywater lines, piping, ventilation, rafters, and wiring are not allowed.
- All lighting over food preparation, handling and storage areas must have covers or shatterproof bulbs.

**Sample finish schedule**

	Floors	Coving	Walls	Ceiling	Counters
<b>Kitchen</b>	<i>vinyl tile</i>	<i>6" rubber base</i>	<i>FRP</i>	<i>painted gypsum board</i>	<i>laminate</i>
<b>Wait area</b>	<i>vinyl tile</i>	<i>4" rubber base</i>	<i>painted gypsum board</i>	<i>vinyl rock</i>	<i>laminate</i>
<b>Lounge</b>	<i>sealed concrete</i>	<i>4" rubber base</i>	<i>varnished wood</i>	<i>Armstrong VL tiles</i>	<i>granite</i>
<b>Dining area</b>	<i>carpet</i>	<i>4" rubber base</i>	<i>painted gypsum board</i>	<i>painted gypsum board</i>	<i>n/a</i>
<b>Bathrooms</b>	<i>ceramic tile</i>	<i>ceramic tile</i>	<i>painted gypsum board</i>	<i>painted gypsum board</i>	<i>laminate</i>

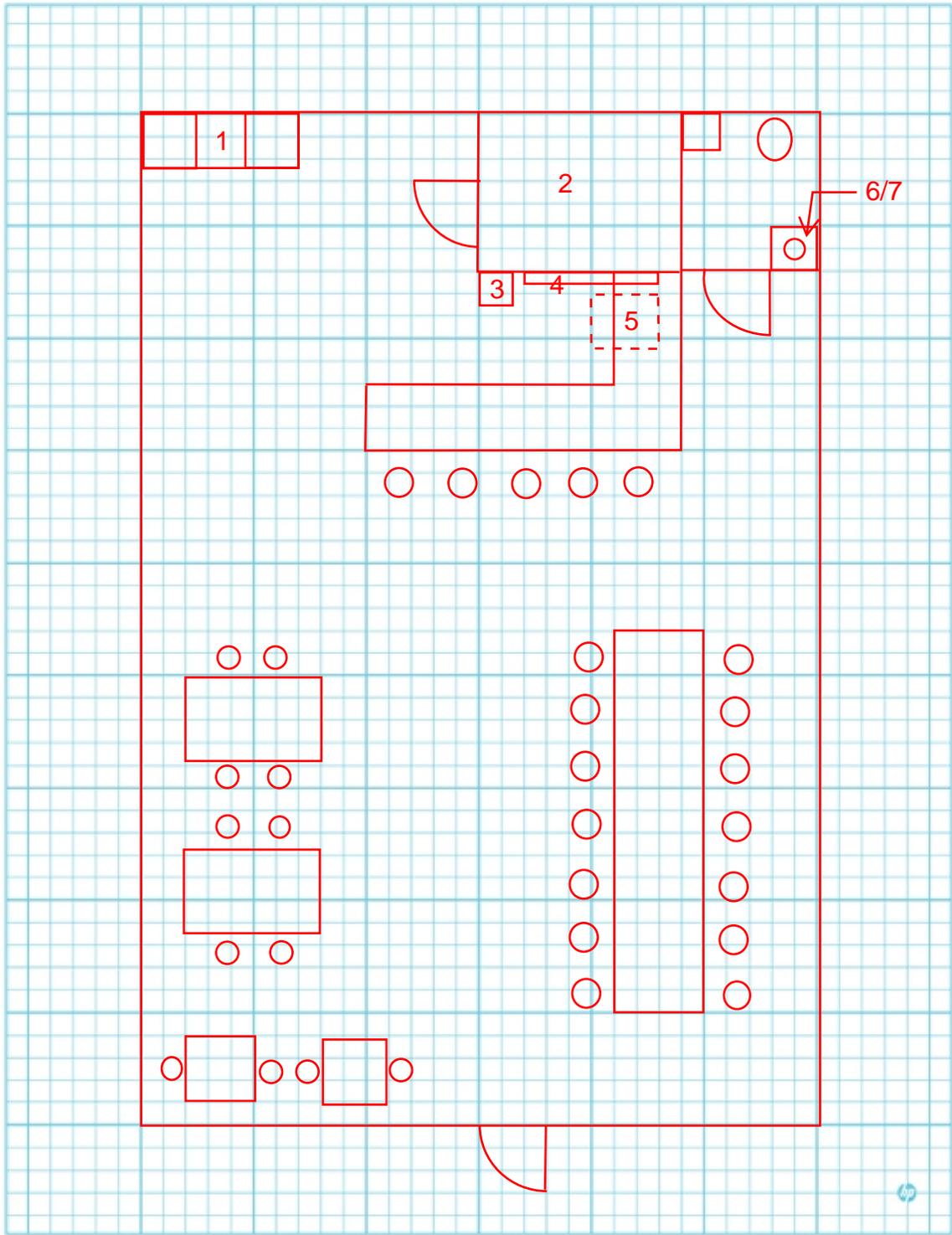
<b>Shelving</b>	<i>Refrigerators and dry storage: stainless steel wire shelves; liquor storage: varnished wood</i>
<b>Lighting</b>	<i>Bar lights are shatterproof. All kitchen lights have covers.</i>

**Finish schedule**

	Floors	Coving	Walls	Ceiling	Counters
<b>Kitchen</b>					
<b>Wait area</b>					
<b>Lounge</b>					
<b>Dining area</b>					
<b>Bathrooms</b>					

<b>Shelving</b>	
<b>Lighting</b>	

Facility Name EXAMPLE



**Equipment List**

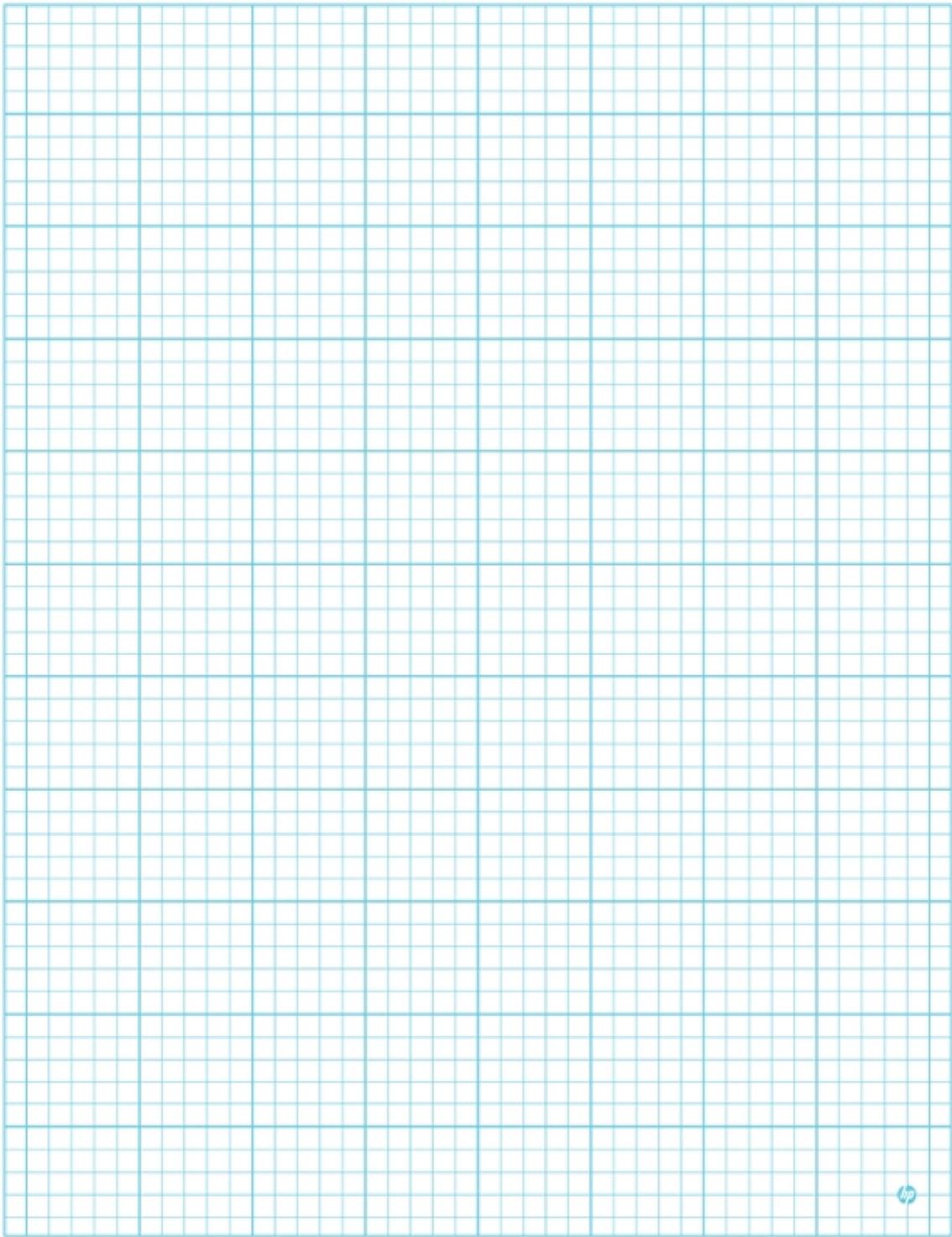
- |                            |     |     |
|----------------------------|-----|-----|
| 1. 3-Compartment sink      | 8.  | 15. |
| 2. 9'x7' Walk-in cooler    | 9.  | 16. |
| 3. Handwash sink           | 10. | 17. |
| 4. Beer tap and drip tray  | 11. | 18. |
| 5. Undercounter dishwasher | 12. | 19. |
| 6. Mop sink                | 13. | 20. |
| 7. Water heater            | 14. | 21. |

**Scale**

□ = 1' x 1'

Each small square = 1 foot

Facility Name \_\_\_\_\_



Equipment List

- |    |     |     |
|----|-----|-----|
| 1. | 8.  | 15. |
| 2. | 9.  | 16. |
| 3. | 10. | 17. |
| 4. | 11. | 18. |
| 5. | 12. | 19. |
| 6. | 13. | 20. |
| 7. | 14. | 21. |

Scale

 = 1' x 1'

Each small square = 1 foot