



**Department of  
Agriculture and Food**  
Regulatory Services

4315 S 2700 W, TSOB South Bldg., Floor 2

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[udaf-planreview@utah.gov](mailto:udaf-planreview@utah.gov) | <https://ag.utah.gov/>

## Retail Food Establishment **Plan Review Application**

| <b>Establishment Information</b>                                                                                                                                                                                                                                               |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Current Customer Number:<br><i>If applicable</i>                                                                                                                                                                                                                               |                                                          |
| Business Legal Name:<br><i>Please indicate any DBAs</i>                                                                                                                                                                                                                        |                                                          |
| Business Physical Address:<br><i>Including City, State, and Zip Code</i>                                                                                                                                                                                                       |                                                          |
| Business Billing Address:<br><i>Including City, State, and Zip Code</i>                                                                                                                                                                                                        |                                                          |
| Business Billing Phone Number:                                                                                                                                                                                                                                                 |                                                          |
| Business Billing Email Address:                                                                                                                                                                                                                                                |                                                          |
| Owner Name & Title and/or<br>Corporation Name:                                                                                                                                                                                                                                 |                                                          |
| Owner and/or Corporation Mailing<br>Address:<br><i>Including City, State, and Zip Code</i>                                                                                                                                                                                     |                                                          |
| Owner and/or Corporation Phone<br>Number:                                                                                                                                                                                                                                      |                                                          |
| Owner and/or Corporation Email Address:                                                                                                                                                                                                                                        |                                                          |
| Applicant Name & Title:                                                                                                                                                                                                                                                        |                                                          |
| Applicant Phone Number:                                                                                                                                                                                                                                                        |                                                          |
| Applicant Email Address:                                                                                                                                                                                                                                                       |                                                          |
| Owner is: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership Other: _____<br><i>If applicable, include names, titles &amp; addresses of relevant persons</i><br>_____<br>_____ |                                                          |
| Estimated Date Construction Will Begin:                                                                                                                                                                                                                                        | Estimated Opening Date or Date Changes will take Effect: |
| Total square footage:<br><i>All areas in the facility</i>                                                                                                                                                                                                                      | Inspectable square footage:<br><i>Minus office area</i>  |

| <b>Establishment Type</b><br><small>Check all that apply</small>            |                                                                                                                                            |                                                                                                                           |                                                                                                                                            |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                    | <b>Retail Food Establishment</b><br><small>Primarily direct to consumer from this location<br/>(storefront, special order pick-up)</small> | <input type="checkbox"/>                                                                                                  | <b>Commissary Kitchen (LOA - Rented or shared kitchen)</b><br><small>Must include LOA Authorization Agreement<br/>Commissary Name:</small> |
| <input type="checkbox"/>                                                    | <b>Mobile Unit</b>                                                                                                                         | <input type="checkbox"/>                                                                                                  | <b>Vending Machine(s)</b> Water or food<br><small>Number of machines:</small>                                                              |
| <input type="checkbox"/>                                                    | <b>Farmer's Market</b><br><small>Fill out pages 1, 2 &amp; 5</small>                                                                       | <input type="checkbox"/>                                                                                                  | <b>Pre-packaged Foods Only</b><br><small>No open packages and no processing or repackaging occurs</small>                                  |
| <input type="checkbox"/>                                                    | <b>Other:</b>                                                                                                                              |                                                                                                                           |                                                                                                                                            |
| <b>Application Type</b>                                                     |                                                                                                                                            |                                                                                                                           |                                                                                                                                            |
| <input type="checkbox"/>                                                    | <b>New Establishment</b>                                                                                                                   | <input type="checkbox"/>                                                                                                  | <b>Remodel/Expansion/Alteration of Existing Establishment</b>                                                                              |
| <input type="checkbox"/>                                                    | <b>Change of Location</b>                                                                                                                  | <input type="checkbox"/>                                                                                                  | <b>Significant Change in Process/Equipment</b>                                                                                             |
| <input type="checkbox"/>                                                    | <b>Change of Ownership</b>                                                                                                                 |                                                                                                                           |                                                                                                                                            |
| <b>Dates &amp; Times of Operation</b>                                       |                                                                                                                                            |                                                                                                                           |                                                                                                                                            |
| <b>Mon. – Fri. :</b>                                                        |                                                                                                                                            | <b>Sat. – Sun. :</b>                                                                                                      |                                                                                                                                            |
| <b>Year Round:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                            | <b>Seasonal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>If seasonal, estimated dates:</small> |                                                                                                                                            |

1. Does your firm manufacture, process, package, hold and/or sell cannabis or cannabis-derived products, including cannabidiol (CBD)? ☐ Yes ☐ No  
If Yes, please visit <https://ag.utah.gov/specialized-products/> to view applicable regulations
2. Does your firm manufacture, process, package, hold, label and/or sell kratom or kratom-derived products (*Mitragyna speciosa*)? ☐ Yes ☐ No

| <b>Processing Methods</b><br>Please check each applicable category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                          |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cold holding / storage (refrigeration / freezing)               | <input type="checkbox"/> | Smoking (as a method of food preservation, not flavor) */**                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cooking (grill, bake, fry, boil) of raw animal products         | <input type="checkbox"/> | Curing Food */**                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Thawing                                                         | <input type="checkbox"/> | Using food additives (method of food preservation / render food non-TCS) */** |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hot holding                                                     | <input type="checkbox"/> | Operating a molluscan shellfish life-support system tank */**                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Reheating (products that were prepared and cooled)              | <input type="checkbox"/> | Custom processing animals for personal use */**                               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cooling                                                         | <input type="checkbox"/> | Sprouting seeds or beans */**                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Extended shelf life (expiration date of product past 7 days)    | <input type="checkbox"/> | Packaging TCS food using a reduced oxygen packaging method (vacuum sealing) * |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Juice (treated or pasteurized or not treated)                   | <input type="checkbox"/> | Modifying the food to render shelf stable */**                                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Parasite destruction / record keeping (sushi, sashimi, ceviche) | <input type="checkbox"/> | Time as a public health control (in lieu of temperature control) ***          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Re-packaging                                                    | <input type="checkbox"/> | Transportation / delivery of food ***                                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pre-packaged food only (no processing or preparation)           | <input type="checkbox"/> | Fermentation */**                                                             |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                          |                                                                               |
| <p>TCS: Time/Temperature Control for Safety Foods (a product that requires time and/or temperature control to ensure food safety).</p> <p>*A properly prepared Hazard Analysis and Critical Control Point (HACCP) plan <u>must</u> be submitted for validation and approval before engaging in this process.</p> <p>** A variance from UDAF as specified in the FDA Food Code <u>must</u> be obtained before engaging in this activity.</p> <p>*** Written Standard Operating Procedures (SOP's) are required before engaging in this control method.</p> |                                                                 |                          |                                                                               |

## Interior Finish Schedule (Materials)

### Floors

*All floor/wall junctures in the kitchen, food service areas, food storage areas, warewashing areas and bathrooms must be covered (i.e. sealed concrete, tile, vinyl, etc.)*

|                         |  |
|-------------------------|--|
| Food Production Area(s) |  |
| Toilet Room(s)          |  |
| Food Storage Area(s)    |  |
| Ware Washing Area(s)    |  |

### Walls

*Walls must be smooth, easily cleanable, durable and non-absorbent (i.e. FRP, stainless steel, painted drywall, etc.)*

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| Food Production Area(s)                                                  |  |
| Toilet Room(s)<br><small>Toilet room doors shall be self-closing</small> |  |
| Food Storage Area(s)                                                     |  |
| Ware Washing Area(s)                                                     |  |
| Coving Type                                                              |  |

### Ceilings

*Ceilings must be smooth, easily cleanable and nonporous - No open rafters or exposed pipes in production areas (i.e. FRP, etc.)*

|                         |  |
|-------------------------|--|
| Food Production Area(s) |  |
| Toilet Room(s)          |  |
| Food Storage Area(s)    |  |
| Ware Washing Area(s)    |  |

| Required Attachments     |                                                                                                                                                                                  |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Floor plan including entrances and exits; plumbing and sinks; equipment locations; toilet rooms; and food storage and preparation areas                                          |
| <input type="checkbox"/> | Menu with recipes including ingredients, allergens, packaging methods, and intended consumers for each product produced (products may be grouped into categories if appropriate) |
| <input type="checkbox"/> | Representative sample of finished product labeling                                                                                                                               |
| <input type="checkbox"/> | Specialized equipment specification sheets <i>(if applicable)</i>                                                                                                                |
| <input type="checkbox"/> | Validation studies for specialized processing methods and/or extended product shelf life <i>(if applicable)</i>                                                                  |
| <input type="checkbox"/> | For significant changes in processes and/or equipment - Include a summary of changes and any applicable SOPs or specification sheets <i>(if applicable)</i>                      |

*The owner/operator is responsible for submitting all Hazard Analysis and Critical Control Points (HACCP) plans, variance requests, and written standard operating procedures **before** engaging in a specialized processing method. Incomplete information may result in processing delays.*

**This form and the provisions therein must be submitted to the Support Services Staff at [udaf-planreview@utah.gov](mailto:udaf-planreview@utah.gov). Submitting this food establishment plan review application does not constitute an authorization from the Utah Department of Agriculture and Food to operate a food establishment. Plans will not be reviewed until payment is received. Plan review fees are non-refundable and non-transferable.**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Utah Department of Agriculture and Food may delay final approval.

Printed Name: \_\_\_\_\_

Legal Agent and/or Owner

Signature: \_\_\_\_\_

Legal Agent and/or Owner

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_