

Florida Department of Agriculture and Consumer Services Division of Food Safety

Plan Review Application

Section 500.12(2), Florida Statutes; 5K 4.004(8) F.A.C.

Bureau of Food and Meat Inspection 3125 Conner Boulevard #C-27 Tallahassee, FL 32399-1650

OU WE IT	Phone (8:	50) 488-3951	
CHARLES H. BRONSON COMMISSIONER	, , , , , , , , , , , , , , , , , , , ,		Log #:
1. Name of Food Establishment:	Southern Matters	Food Establishin	nent County Leon
2. Food Establishment Address:	13201 N. Meridi	an Road, Talkha	SSEC FL 32312
3. Owner's Name:	Bill Outlow	,	
4. Invoice Billing(Name & Add):	as #2		
5. Contact Person Name:	Bill Outlaw	Т	elephone: 850 644 4020 (day)
6. Address of Contact Person wh	will be handling the plans if different		
	Check appropria	te box or Fill in the Blank	
7. Basic Facility Information	New Construction ☐Remodel If Remodeling or Conversion give	ling Conversion Other us your current Department of Agric	culture Firm Number
8. Water Supply:	☐Municipal Utility ☐On-site \		Permit Numbers on Haben
Pri	or to opening inspection, provide written app (Health or Environmental Pr	roval for drinking (potable) water from th otection Department or local municipality	e appropriate agency Stanland
9. Waste Water Disposal:	☐Municipal Utility ☐Package Plant ☐Septic Plant		
	Name of municipal sewage plant: Waste water < 500 galleng phy year (only Grease Trap Size (Gal.) Location: to wash out tette & extractor)		
	Grease Trap Size (Gal.)	Location: to wash o	ut Kettle & extractor)
10. Solid Waste Disposal (Outsid Indicate where dumpste		Cans Grease Container ainer will be located: MONE	
How will waste water for	om cleaning dumpster and/or garbage of	ans be disposed on site? N/A	
1 i . Type of service: (Check all th	at apply) Retail food processing	Wholesale food processing Packa	ge food retail Package food wholesale
Sit down meals	ake out Meals How many seats	Other:	
12. Proposed menu/items for read	y-to-eat foods: (Attach list or menu)	Non-sevishable - 1	inited Sales (HOBBK)
13. Proposed food processed: (At	rach list if necessary)	Sugar-care surus	& homey for fles market se
This is a hobby o	sevation. I have four	beehives and	> & honoy fuller markets
14. Describe type of structure (ex	ample: steel frame, wood frame)	attached	8
Note: Construction finis	h schedules of floor, walls and ceiling r	nust be provided on plans.	
Anticipated Construction Start Da	te: Aug 04 Completion Date:	Aug 06 Target Date for	ropening Business: Aug 06
must be paid at the time of plan/a commit in writing to correct the d	pplication submission. Allow 30 days for	includes a \$25.00 application fee an ir processing. If changes are needed, orksheet. After plans are approved ar	d \$30.10 for the first hour of plan review
Bill Outlaw			<u> </u>
Applicant Name (Print)	Applicant Signature		Dute