



FORM B

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH



SUPPLEMENTAL APPLICATION FOR FOOD ESTABLISHMENT

Please type or print legibly using black or blue ink.

Applications must be submitted at least 30 days prior to the planned opening. *Please read the Instructions for completing this application. Failure to complete this application in its entirety may delay the processing of your Sanitary Permit application.*

PART I. Establishment Information

Name of Owner: _____ Name of Establishment: _____

Establishment's Physical Address: _____

Tel. No.: _____ Fax No.: _____ Email: _____

PART II. Plan Review Type

- ☐ New Food Establishment
☐ Remodel
☐ Conversion

Projected Opening Date: _____

PART III. Plan Review Components

1. Establishment Information

a. Period of operation:

Days of Operation	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

b. Number of dining seats: _____

c. Total number of staff: _____

d. Number of shifts: _____

e. Total square feet of facility: _____

2. Intended Menu (Use menu, if available. If more space is needed, attach another sheet.)

☐ Check this box if actual menu is provided as an attachment instead.

No.	Item Name on Menu (Food and Drinks)	Primary Ingredient(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

☐ If additional list is included, please check this box:

3. Anticipated Volume of Food: Stored, Prepared, and Sold/Served

a. Approximate number of meals the establishment will be serving daily for:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	
Total of all above	

b. Estimated number of days between delivery of foods to the establishment:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	

4. Proposed Layout - Provide as attachments (a & b) to this form.

- a. Floor plan
- b. Vicinity map

c. Construction materials and interior finish schedule

Room/Area Name	Floor Finish	Wall Finish	Ceiling Finish	Comments
Bar				
Buffet Area				
Kitchen				
Dry Storage				
Walk-in Refrigerators and Freezers				
Warewashing Area				
Toilet Rooms				
Mop Service Area				

5. **Proposed Equipment** (If additional space is needed, attach another sheet.)

a. Cold Storage Equipment.

Item #	Quantity	Type	Dimension (inches)	Location
A1.				
A2.				
A3.				
A4.				
A5.				
A6.				
A7.				

☐ If additional list is included, please check this box

b. Hot Holding Equipment.

Item #	Quantity	Type	Dimension (inches)	Location
B1.				
B2.				
B3.				
B4.				

☐ If additional list is included, please check this box

c. Sinks.

Item #	Quantity	Type	Dimension (inches)	Location
C1.				
C2.				
C3.				
C4.				
C5.				
C6.				

☐ If additional list is included, please check this box

- d. Other Equipment (not including furniture, kitchen equipment only).

Item #	Quantity	Type
D1.		
D2.		
D3.		
D4.		
D5.		
D6.		
D7.		
D8.		
D9.		
D10.		

☐ If additional list is included, please check this box

PART IV – VII: FOR DEH USE ONLY

PART IV. Type of Food Operation

<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Delicatessen	<input type="checkbox"/>	Sandwich Stand
<input type="checkbox"/>	Bar	<input type="checkbox"/>	Drink Stand	<input type="checkbox"/>	Short Order Establishment
<input type="checkbox"/>	Beverage Vending Machine	<input type="checkbox"/>	Food Vending Machine	<input type="checkbox"/>	Soda Fountain
<input type="checkbox"/>	Café	<input type="checkbox"/>	In-plant Employee Eating Establishment	<input type="checkbox"/>	Stall Stand
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Mobile Food Service Establishment	<input type="checkbox"/>	Tavern
<input type="checkbox"/>	Catering	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Temporary Food Service Establishment
<input type="checkbox"/>	Coffee Shop	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Others (Please Specify)

PART V. Description of Activity

- ☐ 1. No food preparation; only offers for sale pre-packaged food that is not PHF/TCS
- ☐ 2. Prepares only non-PHF/non-TCS food
- ☐ 3. Prepares, offers for sale, or services PHF/TCS food: (Check all activities that the establishment will perform)
- ☐ a. Only to order upon consumer's request
- ☐ b. In advance in quantities based on projected consumer demand and discards food that is not sold/served at an approved frequency
- ☐ c. In advance for on-site consumption (or take-out) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
- ☐ d. In advance for off-site consumption using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
- ☐ e. In advance for on-site consumption by highly susceptible population (HSP) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing

PART VI. Activities Requiring a Variance and a HACCP Plan

- ☐ 1. Serving raw, undercooked, or unprocessed animal products without providing a consumer advisory. [GFC 3-401.11(D)]
- ☐ 2. Smoking food as a method of food preservation rather than as a method of flavor enhancement. [GFC 3-502.11(A)]
- ☐ 3. Curing Food. [GFC 3-502.11(B)]
- ☐ 4. Adding vinegar or other food additives to preserve food (not to enhance flavor) or render food as non-potentially hazardous food. [GFC 3-502.11(C)]
- ☐ 5. Packaging food using reduced oxygen packaging (ROP) method with only one safety barrier to control *Clostridium botulinum*. [GFC 3-502.11(D)]
- ☐ 6. Custom processing animals that are for personal use and not for sale or service. [GFC 3-502.11(F)]h
- ☐ 7. Sprouting seeds or beans. [GFC 3-502.11(H)]
- ☐ 8. Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption. [GFC 3-502.11(E) and 4-204.110(B)]
- ☐ 9. Others. [GFC 3-502.22(G) and 8-103.10]
- ☐ 10. Using time only as a public health control. [2005 FDA Model Food Code 3-501.19]
- ☐ 11. Not applicable.

PART VII. Activities Requiring only a HACCP Plan

- ☐ 1. Juice packaged in the establishment [GFC 3-404.11]
- ☐ 2. Packaging food using a cook chill or *sous vide* process [GFC 3-502.12(D)]
- ☐ 3. Packaging food using ROP with refrigeration and two or more barriers against *Clostridium* and *Listeria* [GFC 3-502.12(A)]
- ☐ 4. Packaging cheese using ROP [GFC 3-502.12(E)]
- ☐ 5. Serving unpackaged juice prepared on-site to children age 9 or less [GFC 3-801.11(F)(3)]
- ☐ 6. Serving non-pasteurized combined eggs to highly susceptible population [GFC 3-801.11(F)(3)]
- ☐ 7. Not applicable.

Name of Establishment: _____

DEH USE ONLY

	Contents	Date Completed	Received By
1.	Sanitary Permit Application (Form A)		
2.	Business License		
3.	Pre-Operational Inspection Report		
4.	Floor Plan		
5.	Vicinity Map		
6.	Smoking Policy		
7.	Personnel Listing		
8.	Health Certificate		
9.	Manager's Certificate/Sign-up		
10.	Form B: Supplemental Application for Food Est.		
11.	Form C-1: Application for Variance		
12.	Other:		

☐ Approved

☐ Not Approved

Reason for denial: _____

SIGNATURES

DATES

Environmental Public Health Officer: _____

Environmental Public Health Officer Administrator: _____

Chief Environmental Public Health Officer: _____