



7. IF THIS IS AN EXISTING FSE, CHECK ALL STATEMENTS THAT APPLY:

THIS FSE IS GOING THROUGH A CHANGE OF OWNERSHIP

THIS FSE IS GOING THROUGH A CHANGE OF NAME

THIS FSE IS GOING THROUGH REMODELING\*

THIS FSE IS GOING THROUGH A CHANGE OF USE

THIS FSE IS CURRENTLY OUT OF SERVICE AND WILL BE REOPENED WITH NO REMODELING

Month: \_\_\_\_\_ Year: \_\_\_\_\_

\*Note: If remodeling or improvements are planned, please include a digital copy of the facility plans with this application.

8. CHECK THE FSE TYPE THAT BEST REPRESENTS YOUR FACILITY:

- |                  |                 |
|------------------|-----------------|
| American-Burger  | Ice Cream       |
| Bagel            | Indian          |
| Bakery           | Italian         |
| Barbecue         | Japanese/Sushi  |
| Cafeteria/Buffer | Korean          |
| Chicken          | Meat/Carniceria |
| Chinese          | Mexican         |
| Coffee Shop      | Pizza           |
| Cookie           | Seafood         |
| Deli/Sandwich    | Steakhouse      |
| Doughnut         | Vegetarian      |
| French           | Vietnamese      |
| Greek            | Other: _____    |

9. SPECIFY THE NUMBER OF EACH TYPE OF CURRENT/PROPOSED FSE EQUIPMENT:

Equipment	#	Equipment	#	Equipment	#	Equipment	#
Automatic Dishwasher		Grill		Rethermalizer		3 Compartment Sink	
Broiler		Hood		Rotisserie		Tilt Skillet	
Char Boiler		Kettle		Skillet		Wok	
Deep Fryer		Oven		Smoker		Stove	
Griddle		Pressure Cooker		Steamer			

10. SPECIFY THE NUMBER OF EACH TYPE OF CURRENT/PROPOSED SEATING CAPACITY:

Location	#	Location	#	Location	#
Inside Seating:		Outside Seating:		Other:	