



CASPER-NATRONA
COUNTY HEALTH DEPARTMENT

475 South Spruce Casper, WY 82601 Phone: 307-235-9340 Fax: 307-237-2036 Website: www.casperhealth.com

Food License Procedure

Thank you for your interest in obtaining a food license for Natrona County. To obtain a food license, change locations, or remodel an existing facility, you will need to submit a Plan Review Application/Mobile Plan Review Application. Please refer to the chart below for appropriate fees that will be due. Plan Review Applications must be submitted and approved prior to construction and food service. Staff are allowed 30 days to review your Plan Review Application. Please make sure Application is complete as any omissions will delay approval process. CNCHD encourage you to set up an inspection with our department, City or County Building, and City of County Fire Inspectors *before* purchasing/leasing a location. After doing so you will:

- **Submit Plan Review Application Packet to Casper-Natrona County Health Department (CNCHD)**
- **Pay Plan Review Fee to CNCHD upon application submission**
- **Notify CNCHD of any changes to plans**
- **Contact CNCHD for final inspection when ready to open. CNCHD generally will coordinate with the Building and Fire Inspectors* to be present as well.**
- **Obtain your health or business License** from the city (not CNCHD) your facility is in. You will receive a form at your pre-opening inspection that you will upload or submit to the city. The health or business license will have a separate fee.**
- **Apply for your food license** AT CNCHD and pay the fee. Food licenses are issued by the Wyoming Department of Agriculture (payable to WDA by check or money order) and will be sent to you by mail.**

New Food License	\$200	Annual Renewal	\$100
Plan Review Multi-venue	\$325	Inspection Multi-venue	\$110
Plan Review Full Service	\$225	Inspection Full Service	\$85
Plan Review Fast Food	\$175	Inspection Fast Food	\$60
Plan Review Specialty/Mobile/Coffee Shop	\$125	Inspection Pre-packaged	\$60
Remodel	\$75	Additional Follow-up Inspections	\$60
Change of Ownership	\$75	HAACP Review	\$175

You will renew your food license on an annual basis. The Wyoming Department of Agriculture will send you an invoice. Inspections will be conducted 30 days after opening, and on a risk-based interval following, usually twice per year. Higher risk foods (sushi, HAACP, repeat violations) will incur more inspections. Inspections may also be initiated as a result of complaints.

****Mobiles do not need a health license in the City of Casper. A City Fire inspection IS still required but City Building inspection is NOT.***

*****To reiterate: you are responsible for obtaining 2 (two) separate licenses before opening unless you are a mobile. Your health or business license is issued by the City of Casper/Mills/Evansville. Your food license is obtained at the Casper-Natrona County Health Department and issued by the Wyoming Department of Agriculture.***



City of Casper-Natrona County Health Department
 475 So Spruce Casper, Wyoming 82601
 Telephone: (307) 577-9752 Fax (307) 237-2036

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Application Date _____ **New** _____ **Remodel** _____ **Conversion** _____

Name of Establishment _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Owner/Corporate Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Name of Primary Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

I have submitted plans to the following: (please note date of submittal on line provided)

Health Dept. _____ Building _____
 Planning _____ Fire Dept. _____

Total square feet of facility _____

Projected date for start of construction _____

Projected date for completion of project _____

*Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. **Lack of complete information will delay review and plan approval***

Facility floor plan _____ Equipment Specifications _____ Menu/Product List _____
 Plans and Finish Schedules _____ Chemical and Personal Storage _____ Site Plan _____
 Fixtures Requiring Hot Water _____ Plumb/Elect/Mech Plans and Schedules _____

Type of Retail Food Establishment (Check All that Apply)

Full Service Restaurant _____ Fast Food _____ Market (Grocery) _____ Deli _____ Meat Market _____
Convenience Store _____ Specialty Shop _____ Mobile Food Unit _____ Bar _____ Coffee Shop _____
School Food Program _____ Concession _____ Other _____

Indicate number of seats in each area: Indoor _____ Outdoor _____

Square Footage and Area Location Total Square Feet of the Establishment _____

Total Square Feet of Kitchen Area _____

Square Feet of the Food Preparation and Dishwashing Area _____

Square Feet of Food/Beverage Storage Area(s) _____

Square Feet of Retail Sales Area (Markets) _____

Days and Hours of Operation

Sunday _____ to _____ Monday _____ to _____

Tuesday _____ to _____ Wednesday _____ to _____

Thursday _____ to _____ Friday _____ to _____

Saturday _____ to _____

For Seasonal operations, please circle all that apply

Jan Feb Mar Apr June July Aug Sept Oct Nov Dec

Projected daily maximum number of meals to be served per shift

Breakfast _____ Lunch _____ Dinner _____

Maximum number of staff per shift

Breakfast _____ Lunch _____ Dinner _____

How many food/goods deliveries per week _____

Food Vendor Name _____

For Seasonal operations, please circle all that apply

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Projected daily maximum number of meals to be served per shift

Breakfast _____ Lunch _____ Dinner _____

Maximum number of staff per shift

Breakfast _____ Lunch _____ Dinner _____

Menu and Food Handling Procedures

- A. Please submit menu(s) or detailed product list, such as breakfast, lunch and dinner menus.
- B. Please provide Parasite destruction records if applicable.
- C. Please submit Standard Operating Procedures or Food Handling Procedure Manuals that describe food preparation procedures.

Food Preparation

1. Will all produce be washed on-site prior to use? Yes No
 If NO, will pre-washed and packaged produce be used? Yes No

2. Does the operator have HACCP plans for the following special processes?

Smoking meats/fish	Y	N	N/A	Sprouting seeds or beans	Y	N	N/A
Reduced oxygen packaging	Y	N	N/A	Use of food additives for Preservatives (i.e. vinegar)	Y	N	N/A
Custom processing for game	Y	N	N/A	Unpasteurized juice for Susceptible populations (elderly or children)	Y	N	N/A
Curing	Y	N	N/A	Molluscan shell-stock tank	Y	N	N/A

3. Will the facility be serving food primarily to a highly susceptible population (elderly or children)?
 Yes No

4. Check YES, NO or N/A for the following categories of **Potentially Hazardous Foods (TCS)** to be handled prepared and served.

Category	YES	NO	N/A
Meats, Poultry, fish and eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (Salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot processed foods (Soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			

5. Are all food supplies from inspected and approved sources? Yes No

6. Please list foods prepared more than 12 hours in advance of service. _____

7. Will potentially hazardous foods be rapidly cooled to 41°F or below? Yes No

Please check the appropriate boxes how heated/cooked potentially hazardous foods will be cooled to 41°F (5°C) or below when prepared in advance for service?

- | | | | |
|----------------------|--------------------------|---------------|--------------------------|
| Shallow metal pans | <input type="checkbox"/> | Reduce volume | <input type="checkbox"/> |
| Shallow plastic pans | <input type="checkbox"/> | Rapid chill | <input type="checkbox"/> |
| Ice baths | <input type="checkbox"/> | Other | <input type="checkbox"/> |

8. Will potentially hazardous foods be reheated and then held hot before being served? Yes No

If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours. _____

9. How will hot potentially hazardous foods be maintained at 135°F or above during holding for service? _____

10. How will cold potentially hazardous foods be maintained at 41°F (5°C) or below during holding for service? _____

Please indicate by checking the appropriate boxes how potentially hazardous foods in each category will be thawed. More than one method may apply.

	Meats	Baked Goods	Pre-cooked Frozen Foods
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water Less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave oven (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA (not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Will food product thermometers (0-220°F) be used to measure final cooking/reheating temperature of potentially hazardous foods? Yes No

12. Will food such as hamburgers or eggs be cooked to order (i.e. served less than fully cooked)? Yes No

If yes, please add the following statement to your menu with an asterisk by any items that will be served undercooked:

*Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness.

13. Will catering be conducted? Yes No

14. Will food be transported or delivered to another location? Yes No

If yes, please list the equipment that will be used to maintain food at proper temperatures during transport

15. Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar or customer self-service areas be operated? Yes No

If yes, please submit equipment specifications for food shields and/or sneeze guards.

16. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized? _____

Chemical type _____

(ppm) or label directions _____

Test kit Yes No

17. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled? _____

18. Will you be vacuum packing food be used? Yes No

If yes, describe the procedure for storing and handling each category of vacuum packaged food item.

Equipment

EQUIPMENT SPECIFICATIONS:

- A. Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.

- B. Complete the following table to indicate method of equipment installation or attach an equipment schedule, including display units. *Note: Under "Installation Method," check all that apply. *Note: Use an extra sheet of paper if needed.

Equipment Installation List					Installation Method				
					Floor – Mounted			Counter/ Table-Mounted	
ID # on Plan	Equipment/Make Model #	# Doors	New (N)/Used (U)	Plumbing Required Yes/No	Casters	Legs: 6"	Sealed In Place	Portable	Legs: 4"

C. Provide information on refrigeration/freezer capacities and hot food holding units by completing the tables below

Are there any walk-in cooler(s), freezer(s) or outside storage area(s)? Yes No

If yes, specify location: _____

Hot Food Holding Units	
Type of Unit	# of Units
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

Type of Unit	# of Units	Total Cubic Feet
Walk in Refrigerator		
Walk in Freezer		
Reach-in Cooler		
Open Top Sandwich Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other:		

D. Check the boxes in the table below to indicate types of equipment and/or service areas in the facility.

Food Preparation Sink(s)	<input type="checkbox"/>	Ice Bins/Ice Machines	<input type="checkbox"/>	Ventilation Hood(s)	<input type="checkbox"/>
Utility Mop Sink(s)	<input type="checkbox"/>	Wait Stations	<input type="checkbox"/>	Chemical Storage Areas	<input type="checkbox"/>
Dump Sink(s)	<input type="checkbox"/>	Bar Service Area(s)	<input type="checkbox"/>	Recycled/Damaged/Returned Area(s)	<input type="checkbox"/>
Dish Machine	<input type="checkbox"/>	Water Heater Location(s)	<input type="checkbox"/>	Personal Storage Area(s)	<input type="checkbox"/>
3-Compartment Sink(s)	<input type="checkbox"/>	Indoor/Outdoor Seating	<input type="checkbox"/>	Dipper Wells	<input type="checkbox"/>
Toilet Facilities	<input type="checkbox"/>	Buffet Lines	<input type="checkbox"/>	Grease Interceptor/Trap	<input type="checkbox"/>
Floor Sinks/Drains	<input type="checkbox"/>	Garbage Can Wash Area	<input type="checkbox"/>	Laundry Facility Location(s)	<input type="checkbox"/>
Hand Sink(s)	<input type="checkbox"/>	Dry Storage Area(s)	<input type="checkbox"/>	Chemical Dispensing Unit(s)	<input type="checkbox"/>

E. Complete the table below for all plumbing fixtures and equipment (refrigerators) where food will be stored or washed and will drain to sewer. Indicate if fixtures or equipment will be indirectly drained (e.g., floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

ID #	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention

Note: Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets. Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs. Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels.

F. Provide or use the finish schedule in the table below to indicate interior finishes for each area within the establishment.

ROOM FINISH SCHEDULE							
Room Name Or Number	Floors		Wall Finishes				Ceiling
	Finish Material	Type of Base	North	South	East	West	

Abbreviation Key

QT= Quarry Tile
 SS= Stainless Steel
 PLAM= Plastic Laminate

GWB= Gypsum Wall Board
 GYP= Gypsum
 DP= Diamond Plate

VAT= Vinyl Acoustical Tile
 ACT= Acoustic Ceiling Tile
 FRP= Fiberglass Reinforced Panel

LIGHTING SCHEDULE: (Compete ONLY if not otherwise provided in plans) See Plans

Location	Fixture Type	Shielded		Illumination @ 30 Inches
Food Preparation Areas		Y	N	50 F/C
Storage Areas		Y	N	10 F/C
Warewashing		Y	N	20 F/C
Restrooms				20 F/C
Mop Room/Garbage Areas		Y	N	20 F/C
Walk-in Refrigerators/Freezers		Y	N	10 F/C
Refrigerators (Reach In)		Y	N	20 F/C
Bars		Y	N	50 F/C

PLUMBING PLANS AND SCHEDULES

Submit a plumbing plan that indicates location and specifications of the following:

1. Floor sinks and floor drains
2. Restrooms, toilets, urinals and hand washing sinks
3. Grease trap, grease interceptor, or solids interceptor, if required by the local building, water or sanitation authority
4. Hose bibs and hose reels, if applicable
5. Laundry facilities, if applicable
6. Showers, if applicable
7. Garbage disposal

Ware Washing

Food/Beverages will be primarily served on: Single Use Multi Service Tableware

Indicate the locations of drink dump sink(s) installed in areas where soiled drinking glasses are emptied and staged for ware washing: _____

Manual Ware Washing – Include the size of each compartment (length x width x depth) of the ware washing sinks, soiled and clean drain board length, and whether or not a pre-rinse spray hose will be installed for each ware washing area, including bars.

Manual Warewashing Information								
ID or Code on Plans	Dimensions (*) of Soiled Drainboard		Dimensions (*) of Sink Compartments (LxWxD)			Dimensions (*) of Clean Drainboard		Pre-Rinse Sprayer Yes/No

Note: An indirectly drained 3-compartment sink is required in all new or extensively remodeled facilities. Ware washing sinks must be large enough to accommodate the largest piece of equipment or utensils used. ** Drain boards for primary ware washing sinks must be 24” or greater. Bar sinks, require a minimum of 18” drain boards.

Mechanical Ware Washing – Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine(s) is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

Make:		Model:						
Water Usage (racks/hour) (gal/hr)	Heat/Chemical	Drainboard Length (*)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (LxWxD)				
Make:		Model:						
Water Usage (racks/hour) (gal/hr)	Heat/Chemical	Drainboard Length (*)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (LxWxD)				

Is a booster heater provided for the ware washing machine? Yes No

If yes, please complete the table below:

Booster Heater Information			
Make	Model #	kW/BTU Rating	Distance from Machine (ft)

Water Heaters

Indicate type of water heater or heating systems servicing the facility. Standard Tankless

If more than one water heater is servicing the facility, please indicate the number of heating systems and which plumbing fixtures each heater or system will service. _____

Specify multiple heating system combinations: _____

Make	Model	Recovery Rate @ 100F Rise	KW/BTU Rating

Instantaneous/Tankless Systems (Gallons per Minute or GPM) Please indicate which required degree will be used in the flow rate column: 80F or 100F				
Make/Model #	Flow Rate(GPM) @ 100° F Rise	Flow Rate (GPM) @ 80°F	Manufacturer Max. Flow Rate (GPM)	Storage Tank Capacity (Gallons), If Applicable

**Note: For instantaneous/tankless systems when a dish machine is used, a properly sized storage tank (minimum 20 gallons), recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high-temperature dishwashing machines, use 100F rise. For all other facilities, use 80F rise. If flow rate in GPM is not provided, contact the manufacturer to obtain the information.*

PLUMBING FIXTURES

Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine hot water demand within the facility and sizing criteria for the water heater.

Number of Plumbing Fixtures Requiring Hot Water

Plumbing Fixture Requiring Hot Water	Number of Fixtures throughout Facility
3 compartment sink	
Prep Sink	
2 compartment sink	
Utensil soak sink	
Dish machine	
Conveyor pre-rinse	
Clothes washer (9-12 lbs.)	
Hand Sprayer	
Hand sinks including restrooms	
Mop sink	

Garbage can washer	
Shower	
Hose bib	
Other:	

MECHANICAL PLANS AND SCHEDULES:

A. Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans.

Exhaust Hoods

Hood Location	Type (I or II)	Fire Suppression Yes or No	Dimensions (Length x Width)	

SITE PLAN:

- A. Submit a site plan which includes the following:
1. Refuse enclosure(s) and trash compactor(s)
 2. Outside walk-in cooler(s)/freezer(s)
 3. Outside storage area(s)

CHEMICAL AND PERSONAL STORAGE:

A. Submit the proposed locations of chemical and employee personal item storage areas.

Insect and Rodent Harborage

Please check appropriate boxes.

- | | | |
|-----------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Are all outside doors self-closing with pest proof door sweeps? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are screen doors provided on service entrances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do all operable windows have a minimum 16-mesh screening? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are all pipes & electrical conduit chases sealed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is area around building clear of unnecessary brush, litter, boxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Other harborage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Garbage and Refuse

Indoors:

- Do all containers have lids? Yes No
- Is there a can cleaning sink or area? Yes No

Outdoors:

Check type of receptacle used: Dumpster Compactor Grease Recycled containers

Number _____ Size _____

Contractor _____ Frequency of pickup _____

Describe surface and location where dumpster/compactor/cans are to be stored _____

Sinks

Is a separate mop sink present? Yes No

If no, please describe facility for cleaning of mops and other equipment _____

Water Supply

Water supply Public Private

If private, has source been approved? Yes No Pending

Please attach copy of written approval and/or permit.

Ice is: Made on premises Purchased commercially

If made on premises, are specifications of machine provided? Yes No

If ice is distributed is it properly labeled? Yes No

Describe provision for ice scoop/ice bucket storage: _____

Sewage Disposal

Is building connected to a municipal sewer? Yes No

If no is private disposal system approved? Yes No Pending

Employee Facilities

Is a separate break area provided? Yes No

Describe storage facilities for employee’s personal belongings (i.e., purse, coat, boots, umbrellas, etc.)

General

Are pesticides stored separately from cleaning and sanitizing agents? Yes No

Will laundry facility be separate from storage and food prep areas? Yes No

Indicate location of laundry facilities on floor plan if yes. If no, who will provide the service?

Location of clean linen storage _____

Location of dirty linen storage _____

Are food grade containers being used to store bulk food products? Yes No

Sanitizing

- Are test papers and/or kits available for checking sanitizer concentration? Yes No
- Is there a handwashing sink in each food preparation area? Yes No
- Do all handwashing sinks including those in the restrooms have a mixing valve or combination faucet? Yes No
- Is hot and cold running water under pressure available at each handwashing sink? Yes No
- Are soap dispensers (wall mounted, individual freestanding pump dispensers) available at all handwashing sinks? Yes No
- Are fingernail scrub brushes available at all handwashing sinks? Yes No
- Are hand-drying devices (paper towels, air blower etc.) available at all handwashing sinks? Yes No
- Are covered waste receptacles available in each woman’s restroom? Yes No
- Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- Are all toilet room doors self-closing? Yes No
- Are all toilet rooms equipped with adequate mechanical ventilation? Yes No

Dry Goods Storage

Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries?
 Yes No

Use the table below to indicate the dry storage area

* Please note outside storage ** To determine usable height determine height from floor to ceiling then subtract height of food off floor (usually 6”) and height of food from ceiling (usually 12”-18”)

Storage Rooms	Proposed Shelf Height (ft)		Interior Length (ft)		Interior Width (ft)	

If no dry storage, please indicate full height of shelves

Total shelving length (ft) _____

Shelving width (ft) _____

Small Equipment Requirements

Please specify the number and types of each of the following:

Slicers _____

Cutting boards _____

Can Openers _____

Mixers _____

Floor mats _____

Other _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Casper-Natrona County Environmental Health Department may nullify this document.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date _____

Approval of these plans and specifications by the Casper-Natrona County Environmental Health Department does not indicate compliance with another code, law or regulation that may be required by federal, state, or local authority. It further does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments. The city of Casper-Natrona County Environmental Health Department does not review plans for compliance with the Americans with Disabilities Act (ADA).

- Revised 01-19-2006
- 09-15-2016
- 12-30-2019
- 06-14-2021
- 10-14-2022