

REVIEW OF PLANS AND SPECIFICATIONS

WYOMING DEPARTMENT OF AGRICULTURE

Consumer Health Services

2701 Dogwood Ave.

Gillette Wy, 82718

Telephone: (307) 686-8036

1. PROJECT: Fiesta Tequila's
2. ARCHITECT OR ENGINEER: J&V Restaurant Supply
3. CONTACT PERSON:

Note - All aspects of construction should comply with the Americans with Disabilities Act (ADA) and all construction shall comply with 2012 Wyoming Food Safety Rule.

4. REVIEWED BY: Doug Evans
5. DATE OF REVIEW: October 10, 2014
6. ACTION: Approved with comments.

Note - Plans and specifications of general public facilities shall be retained by the Wyoming Department of Agriculture.

4. COMMENTS AND NOTES:

All floors, walls and ceilings in kitchen, bar, walk in cooler, walk in freezer, restrooms and dry storage must be of a non-porous easily cleanable surface.

All three compartment sinks, dish machines, ice machines and ^{prep}ware washing sinks must be indirectly drained.

If any changes are to be made to existing plans, please notify inspector.

A pre operational inspection needs to be conducted before facility is to be put into operation.



Make Checks Payable to:

**WYOMING DEPARTMENT OF AGRICULTURE
CONSUMER HEALTH SERVICES SECTION**

2219 CAREY AVE.

CHEYENNE, WY. 82002

(307) 777-7211

State Relay Service at 7-1-1 or 1 800 877-9965

Instructions: Submit this application to the inspector of the WY Dept of Agriculture or local County Health Dept. Complete all sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

APPLICATION FOR FOOD LICENSE

FOOD LICENSE: \$100.00 Initial Fee; \$50.00 Annual Renewal Fee.

(Licenses shall expire one year after date of issuance)

LICENSE ACCOUNT NUMBER

ACTIVATION DATE

CHECK NO./CASH

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

☐ New ☒ Change of Location ☐ Change of Owner

If change of owner, previous establishment name:

N/A

Form of Organization

☐ Individual ☐ Association ☐ Corporation

☐ Partnership ☒ Other Legal Entity (specify) LLC

If Corporation/ Business Entity Required to be Registered, Name of State where Incorporated/Registered Wyoming

Date Incorporated/Registered (month and year) 07/2013

- Establishment Information -

Establishment Name: Fiesta Tequila Mexican Restaurant

Address: 900 Camel Dr. Suite BB → 900 Camel Dr. Suite I (moving to)

City: Gillette **State:** WY **Zip:** 82716

Area Code and Phone Number: (307) 686-8010

- Applicant Information -

Name of Applicant: Jimenez Decampo Brittany L.

Last

First and middle initial

Address: 7 Bridger Street

City: Gillette **State:** WY **Zip:** 82716

Area Code and Phone Number: (307) 696-0119

Mailing Indicator - please indicate where to mail license to 2 (1 = Establishment; 2 = Applicant)

Type of Establishment (please √ applicable boxes)

☒ Restaurant/Food Service ☐ Retail Grocery/Convenience Store ☐ Meat (Slaughter, Processor) ☐ Distributor ☐ Food Processor
☐ Dairy (Farm, Plant, Distributor, Tester, Grader) ☐ Bar ☐ Mobile ☐ Warehouse

ATTEST TO THE ACCURACY AND INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE WYOMING LAWS AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY ESTABLISHMENT.

B. L. Jimenez D.
SIGNATURE OF APPLICANT

10/13/14
DATE

APPROVING OFFICIAL

COUNTY