



43 West Main Street
Shelby, Ohio 44875
419-342-5226

Application

Facility Layout and Equipment Specification Review

This application must be fully completed, with all questions answered and submitted with the 2 sets of plans, proposed menu, complete equipment list, and documents requested herein along with any necessary plan review fee paid before the review will be initiated.

Date: _____ Food Service _____ Food Establishment _____

Risk Level _____ Less than 25,000 Sq. Ft. _____ More than 25,000 Sq. Ft. _____

New Operation _____ Remodel of Existing Operation _____

Name of Establishment: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

I have contacted the following authorities on the following dates to obtain their approvals:

_____ Zoning _____ Fire _____ Other

_____ Richland Co. Building Dept _____ EPA _____ Plumbing

Hours of Operation: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Number of Seats: _____ Number of Staff(Maximum per shift) : _____

Sq. Ft. of Entire Facility: _____ Sq. Ft. of Operation Dedicated to Food: _____

Number of Floors on which operations are conducted _____

Maximum Meals to be Served (approximate number):

Breakfast: _____ Lunch: _____ Dinner: _____

Projected Start Date of Project: _____ Projected Completion Date of Project: _____

Type of Service (check all that apply):

Sit Down Meals ____ Take Out ____ Caterer ____ Mobile Vendor ____

Drive Thru ____ Full Scale Grocery ____ Convenience store ____ Institution ____

Other _____

Please enclose the following documents:

_____ Proposed Menu (including season, off-site and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)

_____ 2 sets of plans drawn to scale of food establishment or food service showing location of equipment, plumbing, electrical services, lighting schedule and mechanical ventilation

_____ Equipment list – include make and model # and numbered to match equipment numbers on the plans

_____ Level 1 Food Safety Training Certificate

_____ Employee Health Policy

_____ Other as required

Office Use Only

Date Received _____

Receipt # _____

Amount _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

FOOD PREPARATION REVIEW

MANAGEMENT

1. Will food employees be trained in good food sanitation practices? YES / NO
Method of training: _____

Number(s) of employees: _____
Provide copies of Level 1 training certificates for each Person-In-Charge per shift with application
2. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO
Provide a copy of the policy with application
3. Will temperatures be measured daily of cooked, hot holding, cold holding, cooling, and reheating food with a probe thermometer? YES / NO

FOOD SOURCE

4. Who will be the food suppliers?

5. Will food be prepared at home or at any other location other than this facility YES / NO
If yes, explain where _____
6. Will food be checked at the time of delivery for damaged packages, tampering, proper temperatures (41° F or below, or frozen), and wholesomeness? YES / NO By Whom _____

Check categories of Time/Temperature Controlled for Safety (TCS) Food to be handled, prepared and served.

7. Thin meats, poultry, fish, eggs _____
(hamburger; sliced meats; fillets)
8. Thick meats, whole poultry _____
(Roast beef; whole turkey, chickens, hams)
9. Cold processed foods _____
(Salads, sandwiches, vegetables)
10. Hot processed foods _____
(soups, stews, rice/noodles, gravy, chowders, casseroles)
11. Bakery goods _____
(Pies, custards, cream fillings & toppings)
12. Other _____
Mushrooms _____
Game Animals _____
Shell Fish _____

FOOD PROTECTION:

13. Will food ever be obtained and transported from the supplier to your facility by you or your employees?
YES / NO
If yes, how will the food be kept cold (41° F or below) and protected from contamination during transport?

14. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?
YES / NO
15. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?
YES / NO
If yes, how will cross contamination be prevented?

16. Will working container holding food that has been removed from their original package be labeled (i.e. flour, herbs, salt, sugar)
YES / NO
Are containers constructed of safe materials to store bulk food products?
YES / NO
Indicate type:

17. Will all produce be washed on-site prior to use?
YES / NO
Describe the location where produce will be washed: _____

18. Explain where utensils will be stored during pauses in food preparation or dispensing for knives, tongs, scoops, ice scoops, ice cream scoops, spoons, forks: _____

19. Describe how wiping clothes will be stored during the day between uses: _____

20. How will dry goods and food in walk in cooler and freezers be stored at least 6" off the floor?

21. Will buffet tables have sneeze guards?
YES / NO
How will other foods on display be protected from contamination?

COOKING, REHEATING AND FREEZING:

22. Will TSC Food be cooked at temperatures other than what is listed below?
YES / NO
If YES, explain: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts	130° F (112 min)
Solid seafood pieces	145° F (15 sec)
Other TCS Food	145° F (15 sec)
Eggs: Immediate service	145° F (15 sec)
Eggs: Pooled*	155° F (15 sec)
Pork	145° F (15 sec)
Comminuted meats/fish	155° F (15 sec)
Poultry	165° F (15 sec)
Reheated TCS	165° F (15 sec)
All Food cooked in microwave	165° F (15 sec)
(*pasteurized eggs must be served to a highly susceptible population)	

23. Will non-continuous cooking be used? YES / NO
 Provide a written procedure with application. /
 Written procedure must include 1) heating process will not take longer than 60 minutes, cooled from 70 degrees within 4 hours, reheated to at least 165 for 15 seconds, held at 135 degrees, 2) how food will be marked, 3) how food will be separated from ready to eat food.

24. Will the facility be serving raw fish (sushi) YES / NO
 Who will be the supplier? _____
 If yes, how will parasite destruction be achieved? _____

 What species of raw fish will be used? _____
 Will aquacultured fish be used? YES / NO
 Will records be kept? YES / NO
 How long will records be kept _____

25. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all part of the food reach a temperature of at least 165° F within 2 hours? Indicate type and number of units used for reheating foods.

THAWING:

26. Please indicate by checking the appropriate boxes how frozen Time/Temperature Controlled for Safety (TCS) Food in each category will be thawed. More than one method may apply. Also, indicated where thawing will take place.

THAWING METHOD	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Running Water < 70° F		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

COOLING:

27. Please indicate by checking the appropriate boxes how TCS will be cooled to 41° F within 6 hours (135° F to 70° F in 2 hours and 70° F to 41° F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	Thick Meats	Thick Meats	Thick Soups/Gravy	Thin Soup/Gravy	Rice / Noodles
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

28. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO
If not, how will ready-to-eat foods be cooled to 41° F?

HOT/COLD HOLDING:

29. How will hot TCS be maintained at 135° F or above during holding for service? Indicate type and number of hot holding units.

30. How will cold TCS be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

31. Describe the procedure to be used for minimizing the length of time TCS will be kept in the temperature danger zone (41° - 135° F) during preparation.

32. List categories of foods to be prepared more than 12 hours in advance of service.

DATE MARKING:

33. Describe date marking practices to be used for ready to eat TCS Food (when marked, how marked, how long kept): _____

List food to be marked: _____

TIME AS A CONTROL:

34. Will time without temperature control be used as a public health control? YES / NO

List food: _____

Provide a written procedure with application

VARIANCE OR ROP:

35. Will the operation package food using reduced oxygen packaging? YES / NO
Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site, sushi, or otherwise required by the regulatory authority.

FOOD IDENTITY:

36. Will food be packaged at the facility? YES / NO
Provide an example food package label with application

37. Will under cooked or raw eggs, meat, fish, or poultry be served? YES / NO
If YES, describe where the consumer advisory will be posted: _____

HIGHLY SUSCEPTIBLE POPULATION:

38. Will the facility serve food to a highly susceptible population*? YES / NO
(*"highly susceptible population" means persons who are more likely than other people in the general population to experience foodborne disease because they are immunocompromised, preschool age children 9yrs old, or older adults).

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

Raw seed sprouts, partially, lightly, or under cooked, or raw meat ,eggs, nor unpasteurized juice may be served to a highly susceptible population.

FACILITY AND EQUIPMENT REVIEW

EQUIPMENT:

39. List the surface material of tables, counters, shelves, and cabinets: _____

40. Will each refrigerator / freezer have a permanently affixed thermometer? YES / NO

41. What will be the projected frequencies of deliveries for Frozen foods _____,
Refrigerated foods _____, and Dry goods _____.

42. Cooking Equipment:
Number of Stoves _____ Number of Ovens _____
Number of Steamers _____ Type and number of other Cooking equipment _____

43. Hot Holding Equipment (Hold food at 135 degrees or above):
Number of Hot cabinets _____ Number of Steam Tables _____
Number of Buffet Lines _____ Number of Food Warmers _____
Type and number of other Hot Holding Units _____

44. Cold Holding Equipment (Hold food at 41 degree or below):
Number of Reach In Coolers _____ Number of Under Counter Coolers _____
Walk In Coolers Size _____
Number of Preparation Coolers _____ Number of Mechanical Salad Bar _____
Type and Number of Other Cold Holding Equipment _____

Total cubic ft. of cooler storage _____

45. Freezers:
Number of Reach in Freezers _____
Walk In Freezer Size _____
Type and Number of Other Freezer Units _____

Total cubic ft. of cooler storage _____

46. Dry Storage (in cubic feet):
Type and Size of Units _____

47. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS?
YES / NO
What type of temperature measuring device will be used?

CLEANING AND SANITIZING

48. Will sinks or a dishwasher be used for warewashing?
Dishwasher ()
Three compartment sink ()
A floor drain must be provided in the immediate vicinity of the 3 compartment sink.

49. Dishwasher

Type of sanitization used:

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

50. Will all dish machines have templates with operating instructions?

YES / NO

51. Will all dish machines have temperature and pressure gauges as required that are accurately working?

YES / NO

52. Will all dish machines have an audible or visible alarm to alert operator when sanitizer or soap is not dispensing, or a visual means to verify that sanitizer and soap is dispensing?

YES / NO

53. Will the largest pot and pan fit into each compartment of the 3 compartment sink?
If no, what will be the procedure for manual cleaning and sanitizing?

YES / NO

54. Will there be drain boards on both ends of the 3 compartment sink that slope to drain?

YES / NO

55. What type of sanitizer will be used?

For 3 comp sink for wiping cloth bucket

Chlorine

()

()

Iodine

()

()

Quaternary ammonium

()

()

Hot water

()

()

Other

()

()

56. Please specify the number, location, and cleaning frequency of each of the following:

Slicers _____

Cutting Boards _____

Can Openers _____

Mixers _____

Bulk ice machine _____

Other _____

57. 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: Chlorine _____ Quaternary ammonium _____ Iodine _____

Concentration: _____

Test Kit: YES / NO

How often will these surfaces be sanitized? _____

58. Will linens be laundered on site?

YES / NO

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

59. Will a laundry dryer be available?

YES / NO

60. Location of clean linen storage:

61. Location of dirty linen storage:

WATER SUPPLY

62. Will water supply be public () or private ()?

If private, has source been approved? YES () NO () PENDING ()

Attach copy of written approval and/or permit.

63. Will ice be made on premises () or purchased commercially ()?

Bags must be labeled with name and address of supplier, weight, and name of product (ice)

Provide location of ice maker or bagging operation: _____

64. What will be the capacity of the hot water generator? Tank Size _____ BTUs _____

PLUMBING:

65. How will backflow prevention devices be inspected & serviced?

66. Will a mop sink be present?

YES / NO

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

67. If the menu dictates, will a food preparation sink be present?

YES / NO

SEWAGE DISPOSAL

68. Will building be connected to a municipal sewer?

YES / NO

If no, is private disposal system approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

69. Will grease traps / grease interceptor be provided?

YES / NO

If so, where?

70. Describe schedule for cleaning & maintenance

GARBAGE AND REFUSE

71. Will refuse be stored inside?

YES / NO

If so, where? _____

72. Will a dumpster be used?

YES / NO

Number _____ Size _____ Frequency of pickup _____

Contractor _____

73. Describe ground surface finish and location where dumpster/garbage cans and grease storage receptacle will be stored. (i.e. concrete, asphalt, behind building, fenced, curbed and sloped to drain)

74. What company will be picking up the garbage? _____
 What company will be picking up the grease? _____

75. Are covered waste receptacles available in the women's restroom for the disposal of sanitary napkins?
 YES / NO

A waste receptacle must be available by each hand sink.

FINISH SCHEDULE

76. Applicant must indicate which materials (quarry tile, stainless steel, etc.) will be used in the following areas.

AREA	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

FACILITIES

77. Will all toilet room doors be self-closing? YES / NO

78. Will all outside doors be self-closing and rodent proof? YES / NO

Will screen doors be provided on all entrances open to the outside? YES / NO

Will all open-able windows have a minimum #16 mesh screening? YES / NO

Will the placement of electrocution devices be identified on the plan? YES / NO

Will all pipes & electrical conduit chases be sealed? YES / NO

Will ventilation systems, exhaust, and intakes be protected? YES / NO
 Will air curtains be used? YES / NO
 If yes, where? _____

79. Will there be a handwashing sink in each food preparation and warewashing area? YES / NO
 Will all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO
 Will self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO
 Will hand cleanser be available at all handwashing sinks? YES / NO
 Will hand drying facilities (paper towels, air blowers, etc.) be available at all handwashing sinks? YES / NO
 Will hot (at least 100° F) and cold running water be under pressure available at each handwashing sink? YES / NO
 A hand washing sign must be posted in each employee hand sink?

80. Will all light bulbs be shielded? YES / NO

81. Will utility lines be exposed? YES / NO

82. Will fans, lights, hoods and all other wall attachments be installed to be easily cleanable? YES / NO

83. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

84. Describe where the area to store returnable damaged good: _____

85. Describe the location of the mop hanger installation: _____

86. Describe the location of the broom, vaccum sweeper and othertool storage: _____

87. Will the living and sleeping areas be separate from the food service area? YES / NO

VENTILATION:

88. Indicate all areas where exhaust hoods will be installed:

LOCATION	Filters &/or Extraction Devices	Square Feet

89. How will each listed ventilation hood system cleaned?

90. Will all toilet rooms be equipped with adequate ventilation? YES / NO

91. Will mechanical ventilation be provided for the dishwasher?

YES / NO

POISONS AND TOXICONS

92. Will insecticides/rodenticides used in the facility be stored separately from cleaning & sanitizing agents?

YES / NO

Indicate location: _____

Will the applicator of insecticides / rodenticides be licensed by the Ohio Department of Agriculture?

YES / NO

93. Will all toxics for use on the premise or for retail sale (this includes personal medications) be stored away from food preparation and storage areas?

YES / NO

SPECIAL REQUIREMENTS

94. Will fresh juice be produced?

YES / NO

95. Will a heat treatment dispensing freezer be used?

YES / NO

96. Will there is custom processing?

YES / NO

97. Will there be a bulk water dispenser?

YES / NO

98. Will there be acidified white rice preparation?

YES / NO

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the Ohio Uniform Safety Food Code.

Signature of Owner

Printed Name of Owner

Signature of Applicant
(if different from above)

Printed Name of Applicant
(if different from above)

Owner's copy _____

File copy _____

Application for a License to Conduct a: (check only one) ☐ Food Service Operation
☐ Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application **by**:

to:

*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		E-mail	
City	State	ZIP	
Phone # ()	Fax # ()	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner	Phone # ()
Address	E-mail
City	State ZIP
<i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i>	
Signature	Date

Licenser to complete below

Category			
License fee	+ Late fee	+ State amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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