Food Plan Review Guidance Document

Every newly proposed food operation and every currently or previously licensed operation must submit plans to Marion Public Health (MPH) whenever planning construction, building, remodeling, or installation of new facilities and/or equipment. Additionally, as licenses are not transferable, no license can be issued until plans have been submitted and approved when a change of ownership is planned. This guidance document is intended to assist you in preparing your plans and is based on the Ohio Uniform Food Safety Code. As an operator, you are encouraged to obtain a copy of the Ohio Uniform Food Safety Code for specific provisions. This code is available online at www.odh.state.oh.us and is Chapter 3717-1 Ohio Administrative Code (OAC). Additionally, Marion Public Health can provide with a copy of the Ohio Uniform Food Safety Code at no cost.

You are required by law to obtain approval of your food plans prior to starting construction (or remodeling, or installing/providing equipment) of the job. This requirement provides you with financial protection that the work/improvements you are doing are approved and will be allowed, prior to spending money on these items. Please allow time for the plan review. Plans will be acted upon within thirty days after the date of receipt. Please note that if plans are incomplete or insufficient, it can take longer than 30 days for plans to become approved. When plans are approved/disproved you will receive a letter stating what is still needed or that you are approved and ready for a pre-license inspection.

Food operations that work the best think about the flow of food prior to construction. A good flow of food allows for quick, easy, safe and sanitary food handling. The facility and equipment must be laid out in a manner to minimize the possibility of cross-contamination of food and equipment. It must also allow for easy cleaning as a clean kitchen promotes food safety. The flow of food will be evaluated in the process of your plan review.

The fee for your plan approval is based on the Risk Level of your proposed operation. There are four risk levels which are based on your menu and food preparation procedures. The simpler the menu and procedures, the less likely the opportunity for inadvertently causing a foodborne illness and consequently your operation will be licensed at a lower Risk Level. Examples of a low risk operation are serving pre-packaged beverages or non-potentially hazardous (non-perishable) foods such as popcorn. An example of a high risk operation is serving raw potentially hazardous food such as sushi or a high risk procedure such as cooling and reheating food. You will need to contact your inspector to determine your Risk Level prior to filling out your application for plan review.

The Plumbing system is an important part of your food facility. All facilities must have a handsink, mopsink, 3 compartment sink, grease trap, backflow prevention device, and a prep sink, with some exceptions. Please note that all hand sinks in the food prep area and restroom that do not have a combination faucet, must have a mixing valve. Also, all 3 compartment sinks must have a grease trap. If there is not a grease trap already hooked up to the 3 compartment sink, you will be required to add one. There must be air gaps on dishwashers and prep sinks, etc. Any plumbing work must be done by a state certified plumber.
Prior to a Food Service Operation or Retail Food Establishment License being issued, you will be required to provide copies of inspections/approvals from other agencies as follows:

1. If your building is not connected to a public water supply, you will need to provide approval of your transient public water system from the Ohio Environmental Protection Agency, Division of Drinking and Ground Water.

2. If your building is not tapped into a public sewer system, you will need to provide approval of your sewage treatment disposal system from the Ohio Environmental Protection Agency, Division of Surface Water.

3. You must provide any other inspections/approvals as required by the Marion Public Health Department (such as high pressure plumbing, etc.)

4. Verification of Level I and Level II food training. Any new facility (Risk Level I, II, III, and IV) opening after March 1, 2010 will need to have at least one person-in-charge certified in food protection training at all times of operation.

   As of March 1, 2017 each risk level III and risk level IV food service operation and retail food establishment will be required to have one employee, who has supervisory and management responsibility and the authority to direct and control food preparation and service, with the level two certificate.

You must have your plans approved, fees paid, and pass a pre-licensing inspection prior to issuance of your Food Service Operation or Retail Food Establishment License. Please note that the Marion Public Health may place restrictions or conditions on a license. At the pre-licensing inspection, your facility must be in operable condition. Food is not required on the premises, however hot and cold holding equipment must be operating. If you have any questions, please contact Marion Public Health at (740) 387-6520.
Please note: This application must be fully completed, with all questions answered and submitted with the plans and plan review fee paid before the review will be initiated.

Date:_____________

Food Facility Plan Review Application

_______New __________Remodel

Name of Establishment:_________________________________________________________________

Category: Restaurant_____ Institution_____ Daycare_____ Retail Market_____ Other_____

Address:_____________________________________________________________________________

Phone # at address (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 submitted plans/applications to the following authorities on the following dates:

_________Zoning __________Ohio EPA
_________Plumbing __________Department of Commerce
_________Electric __________Engineering
_________Fire __________Other

Web Site: www.marionpublichealth.org
Hours of Operation:  Mon _______  Tues _______  Wed _______  Thurs _______  Fri _______
Sat _______  Sun _______

Number of Staff: ____________
(Maximum per shift)

Total Square Feet of Facility: ____________
Number of Floors on which operations are conducted: ____________

Projected Date for Start of Project: ____________
Projected Date for Completion of Project: ____________

Type of Service:  Sit Down Meals _________  Take Out _________
(Check all that apply)  Caterer _________  Mobile Vendor _________
Other _________

Document Checklist
Please enclose the following documents:
_____ Plan Review Fee (Please check last page of application) (Plan Review will not start until
the Fee is paid)
_____ License Fee
_____ Application
_____ Proposed Menu (including seasonal, off-site, and banquet menus)
_____ A list of building materials and surface finishes to be used attachment #1
_____ An equipment list with equipment manufacturers and model numbers attachment #2
_____ Manufacturer Specification Sheets for each piece of equipment shown on the plan
_____ Proof of Level I food training for at least one member per shift
_____ Proof of Level II Food Training for at least one member of facility (Not needed for Risk I and II)
_____ Private Water Source-written approval or permit
_____ Private Sewage Disposal System-written approval or permit

The following 5 Separate Plans will need submitted (all plans drawn to scale, such as 1in=2ft)
_____ 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)
_____ A plan that indicates the entrances and exits
_____ Plumbing Plan which includes location, number and types of plumbing fixtures, including
all water supply facilities(3 compartment sink, optional dishwasher machine, grease trap,
mopsink, handsinks, vegetable prep sink, backflow prevention device)
_____ Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces
_____ A Floor Plan drawn to scale of food establishment showing location of equipment,
plumbing, electrical services, and mechanical ventilation
Contents and Format of Plans and Specifications

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn of a minimum of ¼ inch = 1 foot. This is to allow for ease in reading plans.

2. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

3. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.

4. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

5. Include and provide specifications for:
   a. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste-water line connections;
   b. Lighting schedule with protectors;
      • A least 110 lux (10 footcandles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
      • At least 220 lux (20 footcandles):
         1. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
         2. Inside equipment such as reach-in and under-counter refrigerators;
         3. At a distance of 75cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms;
      • At least 540 lux (50 footcandles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
   c. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program. Certification can be looked up at http://www.nsf.org/Certified/Food/
   d. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
   e. A mop sink or curved cleaning facility with facilities for hanging wet mops;
   f. Garbage can washing area/facility
   g. Cabinets for storing toxic chemicals
   h. Dressing rooms, locker areas, employee rest areas, and/or coat rack
### Food Preparation Review
Check categories of Potentially Hazardous Foods (PHF’s) to be handled, prepared, and served.

<table>
<thead>
<tr>
<th>Category</th>
<th>(YES)</th>
<th>(NO)</th>
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<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)</td>
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<td>2. Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)</td>
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<td>3. Cold processed foods (salads, sandwiches, vegetables)</td>
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<td>4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)</td>
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<td>5. Bakery goods (pies, custards, cream fillings, &amp; toppings)</td>
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### FOOD SUPPLIES:

1. How will Dry Goods be stored off the floor?

____________________________________________________________________

### COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES / NO

2. 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?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. Is there a bulk ice machine available? YES / NO
**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF’s) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>Thick Frozen Foods*</th>
<th>Thin Frozen Foods*</th>
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<tbody>
<tr>
<td>Refrigeration</td>
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<td></td>
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<tr>
<td>Running Water</td>
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<tr>
<td>Less than 70°F (21°C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
<td></td>
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<tr>
<td>Cooked from Frozen State</td>
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<tr>
<td>Other (describe)</td>
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</table>

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

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF’s? YES / NO

   What type of temperature measuring device:__________________________________________

2. List types of cooking equipment.

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

**HOT/COLD HOLDING:**

1. How will hot PHF’s be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. How will cold PHF’s be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

   ______________________________________________________________________________
   ______________________________________________________________________________
REHEATING:

1. How will PHF’s that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

___________________________________________________________________________

___________________________________________________________________________

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

COOLING:

Please indicate by checking the appropriate boxes how PHF’s will be cooled to 41°F (5°C) within 6 hours (135° to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

<table>
<thead>
<tr>
<th>Cooling Method</th>
<th>Thick Meats</th>
<th>Thin Meats</th>
<th>Thin Soups/Gravy</th>
<th>Thick Soups/Gravy</th>
<th>Rice/Noodles</th>
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<tbody>
<tr>
<td>Shallow Pans</td>
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<tr>
<td>Ice Baths</td>
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<td>Reduce Volume or Size</td>
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<td>Rapid Chill</td>
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<tr>
<td>Other (describe)</td>
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PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
2. Will food employees be trained in good food sanitation practices? YES / NO
   Method of training:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Number(s) of employees:___________________________________________________

4. How many employees have Level I or Level II in Food Protection Training? ____________

5. How will you schedule to have at least one employee trained in food protection per shift?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

6. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of
   ready-to-eat foods? YES / NO

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts
   or lesions? YES / NO
   Please describe:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

9. 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?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Will all produce be washed on-site prior to use? YES / NO
    Is there a planned location for washing produce? YES / NO
    Describe:
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

11. Describe the procedure used for minimizing the length of time PHF’s will be kept in the
    temperature danger zone (41°F - 135°F) during preparation.
12. If needed, provide a HACCP plan for specialized processing methods, such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

13. Will the facility be serving food to a highly susceptible population? YES / NO
   If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

14. Catering/offsite/satellite: Complete if establishment will cater foods to another location.
   List menu items to be catered:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   Maximum number of catered meals per day will be:______________________________
   How will hot food be held at proper temperature during transportation and at the remote serving location?
   __________________________________________________________________________
   __________________________________________________________________________

   How will cold food be held at proper temperature during transportation and at the remote serving location?
   __________________________________________________________________________
   __________________________________________________________________________

   What types of vehicles will be used to transport food?
   __________________________________________________________________________

**INSECT AND RODENT CONTROL:**

Please check the appropriate boxes.

1. Will all outside doors be self-closing and rodent proof?   YES   NO   NA
   ( )   ( )   ( )

2. Are screen doors provided on all entrances open to the outside?   YES   NO   NA
   ( )   ( )   ( )

3. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?   YES   NO   NA
   ( )   ( )   ( )
GARBAGE AND REFUSE:

Inside

1. Will refuse be stored inside? ( ) ( ) ( )
   If so, where?__________________________

2. Is there an area designated for
   garbage can or floor mat cleaning? ( ) ( ) ( )

Outside

3. Will a dumpster be used?
   Number_________ Size_________
   Frequency of Pickup______________ ( ) ( ) ( )

4. Will garbage cans be stored outside?
   Storage location?____________________

5. Is there any area to store returnable damaged goods?
   If so, where?__________________________( ) ( ) ( )

WATER SUPPLY:

1. Is water supply Public ( ) or Private ( )?

2. If Private, has source been approved? YES / NO / PENDING
   Please attach copy of written approval and/or permit.

3. Is ice made on Premise ( ) or purchased commercially ( )?
   If made on premise, are specifications for the ice machine provided? YES / NO
   Describe provision for ice scoop storage:
   __________________________________________________________________________
   __________________________________________________________________________
   Provide location of ice maker or bagging operation ______________________________

4. What is the capacity of the hot water generator?
   __________________________________________________________________________

5. Is the hot water generator sufficient for the needs of the establishment? __________

6. How are the backflow prevention devices inspected & serviced?
   __________________________________________________________________________
   __________________________________________________________________________
SEWAGE DISPOSAL:

1. Is building connected to a municipal sewer? YES / NO

2. If NO, is private disposal system approved? YES / NO / PENDING
   Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES / NO
   If so, where?________________________________________________________
   Provide schedule for cleaning and maintenance
   ______________________________________________________________________
   ______________________________________________________________________

Please note: Every 3 compartment sink is required to have a grease trap. NO EXCEPTIONS!

SINKS:

1. Is a mop sink present? YES / NO
   If NO, please describe facility for cleaning of mops and other equipment:
   ______________________________________________________________________
   ______________________________________________________________________

2. If the menu dictates, is a food preparation sink present? YES / NO

GENERAL:

1. Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas? YES / NO

2. Are containers constructed of safe materials to store bulk food products? YES / NO
   Indicate type:
   ______________________________________________________________________

VENTILATION:

1. Indicate all areas where exhaust hoods are installed:

<table>
<thead>
<tr>
<th>Location</th>
<th>FILTERS &amp;/0R EXTRACTION DEVICES</th>
<th>SQUARE FEET</th>
<th>FIRE PROTECTION</th>
<th>AIR CAPACITY CFM</th>
<th>AIR MAKEUP CFM</th>
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Created on 2/2/12 last update on 2/13/19
**DISHWASHING FACILITIES:**

1. Will sinks or a dishwasher be used for warewashing?
   - ( ) Dishwasher
   - ( ) Three Compartment Sink
   - ( ) Two Compartment Sink

2. Dishwasher
   Type of sanitization used:
   - Hot Water (provide temp.)
   - Booster Heater
   - Chemical type

   Is ventilation provided? YES / NO

3. Do all dish machines have templates with operating instructions? YES / NO

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

5. Does the largest pot and pan fit into each compartment of the pot sink? YES / NO

6. What type of sanitizer is used?
   - ( ) Chlorine
   - ( ) Iodine
   - ( ) Quaternary Ammonium
   - ( ) Hot Water
   - ( ) Other

**HANDWASHING/TOILET FACILITIES:**

1. Is there a handwashing sink in each food preparation and warewashing area? YES / NO

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

4. Is hand cleanser available at all handwashing sinks? YES / NO

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES / NO

6. Are covered waste receptacles available in each restroom? YES / NO

7. Is hot and cold running water under pressure available at each handwashing sink? YES / NO
8. Are all toilet room doors self closing? YES / NO

9. Area all toilet rooms equipped with adequate ventilation? YES / NO

10. Is a handwashing sign posted at each handwash station? YES / NO

**SMALL EQUIPMENT REQUIREMENTS:**

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

- Slicers
- Cutting Boards
- Can Openers
- Mixers
- Floor Mats
- Other

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 Food Safety Code.

______________________________  ________________________________
Signature of Owner  Printed Name of Owner

______________________________  ________________________________
Signature of Applicant (if different from above)  Printed Name of Applicant (if different from above)

***********

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.
**Building Materials and Surface Finish List:**  
(attachment #1)

Applicant must indicate which materials (quarry tile, stainless steel, 4’’ plastic coved molding, etc.) will be used in the following areas.

<table>
<thead>
<tr>
<th></th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
<th>COUNTERTOPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
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<tr>
<td>Bar</td>
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<tr>
<td>Food Storage</td>
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<tr>
<td>Other Storage</td>
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<tr>
<td>Toilet Rooms</td>
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<td>Dressing Rooms</td>
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<td>Garbage &amp; Refuse Storage</td>
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<td>Mop Service Basin Area</td>
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<td>Warewashing Area</td>
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<td>Walk-in Refrigerators and Freezers</td>
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<tr>
<td>What is it?</td>
<td>Manufacturer/Who Made it?</td>
<td>Model #</td>
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Please use additional sheets if necessary
2020 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: MARION PUBLIC HEALTH
4. Return check and signed application by: March 1, 2020*
   Return to: MARION PUBLIC HEALTH
   181 S Main Street
   Marion, OH 43302

*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
[    ] Catering
[    ] 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 hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:

Signature
Date

Licensor 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

AGR 1269 (Rev. 5/13) Ohio Department of Agriculture
HEA 5319 (Rev. 5/13) Ohio Department of Health
For your convenience, we have included a list of contacts and agencies that you may need to contact when applying for your new food license:

**Plumbing Inquiries**
Marion Public Health Plumbing Dept.
181 S. Main St. Marion, OH 43302
740-692-9118

**Marion City Fire Department**
Capt. Mike Makowski
186 S. Prospect St. Marion, OH 43302
740-382-0040

**Marion Township Fire Department**
Chief- Benjamin C. Meddles
1228 E. Fairground St. Marion, OH 43302
740-382-4255

**Marion County Auditor’s Office**
233 W. Center St, Marion, OH 43302
(740) 383-5254

**Marion City Zoning Department**
Malcolm Smith
233 W. Center St, Marion, OH 43302
740-383-4114

**Marion City Engineering Department**
Jim Bischoff
233 W. Center St, Marion, OH 43302
740-387-2240

**Ohio Department of Commerce**
http://www.com.state.oh.us/

**Division of Liquor Control**
6606 Tussing Rd. Reynoldsburg, OH 43068
614-644-2360

**Division of Industrial Compliance**
6606 Tussing Rd. PO Box 4009
Reynoldsburg, OH 43068
614-644-2223

**Division of State Fire Marshall**
8895 East Main St. Reynoldsburg, OH 43068
614-644-2223

**Ohio Environmental Protection Agency**
http://www.epa.state.oh.us

**Northwest District Office**
347 N. Dunbridge Rd. Bowling Green, OH 43068
419-352-8461

**For Water Supply:**
http://www.epa.state.oh.us/ddagw/DrinkingandGroundWaters

**For Sewage:**
www.epa.state.oh.us/dsw/SurfaceWater

**Individual Departments by Township**
http://www.co.marion.oh.us/engineer/index.php/township-officials
# 2020 FEE SCHEDULE

## 2020 MARION PUBLIC HEALTH

### ENVIRONMENTAL HEALTH FEE SCHEDULE

**FOOD SERVICE:** Food Service Operation (FSO) & Retail Food Establishment (RFE)

**ORC 3717.25 & ORC 3717.45 / OAC 3701-21-02 & OAC 901: 3-4-02**

#### Commercial - Less Than 25,000 Square Feet

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk I</td>
<td>$202 (+)</td>
<td>$28 (=)</td>
</tr>
<tr>
<td>Risk II</td>
<td>$222 (+)</td>
<td>$28 (=)</td>
</tr>
<tr>
<td>Risk III</td>
<td>$422 (+)</td>
<td>$28 (=)</td>
</tr>
<tr>
<td>Risk IV</td>
<td>$552 (+)</td>
<td>$28 (=)</td>
</tr>
</tbody>
</table>

#### Commercial - Greater Than 25,000 Square Feet

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk I</td>
<td>$292 (+)</td>
<td>$28 (=)</td>
</tr>
<tr>
<td>Risk II</td>
<td>$302 (+)</td>
<td>$28 (=)</td>
</tr>
<tr>
<td>Risk III</td>
<td>$1,092 (+)</td>
<td>$28 (=)</td>
</tr>
<tr>
<td>Risk IV</td>
<td>$1,152 (+)</td>
<td>$28 (=)</td>
</tr>
</tbody>
</table>

#### Non Commercial – Less Than 25,000 Square Feet

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk I</td>
<td>$101 (+)</td>
<td>$14 (=)</td>
</tr>
<tr>
<td>Risk II</td>
<td>$111 (+)</td>
<td>$14 (=)</td>
</tr>
<tr>
<td>Risk III</td>
<td>$211 (+)</td>
<td>$14 (=)</td>
</tr>
<tr>
<td>Risk IV</td>
<td>$276 (+)</td>
<td>$14 (=)</td>
</tr>
</tbody>
</table>

#### Non Commercial – Greater Than 25,000 Square Feet

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk I</td>
<td>$146 (+)</td>
<td>$14 (=)</td>
</tr>
<tr>
<td>Risk II</td>
<td>$151 (+)</td>
<td>$14 (=)</td>
</tr>
<tr>
<td>Risk III</td>
<td>$546 (+)</td>
<td>$14 (=)</td>
</tr>
<tr>
<td>Risk IV</td>
<td>$576 (+)</td>
<td>$14 (=)</td>
</tr>
</tbody>
</table>

**FSO & RFE Mobile Operations**

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$140 (+)</td>
<td>$28 (=)</td>
<td>$168</td>
</tr>
</tbody>
</table>

**Vending Machine Operations**

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$9.61 (+)</td>
<td>$6.00 (=)</td>
<td>$15.61</td>
</tr>
</tbody>
</table>

**Temporary Food Operations:** (Per event 1-5 days)

<table>
<thead>
<tr>
<th>Department Fee</th>
<th>State Fee</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>$60 (+)</td>
<td>NC (=)</td>
</tr>
<tr>
<td>Non Commercial</td>
<td>$30 (+)</td>
<td>NC (=)</td>
</tr>
</tbody>
</table>

Failure to file or postmark the license fee by the due date will result in a penalty of 25% of the local license fee. (Authority: 3701-21-02 (E)(2), OAC).
## FSO and RFE PLAN REVIEW FEES

### New Plan Review:
Fee is 70% (seventy percent) of applicable local department fee for Risk Level. ANY establishment that changes licensee through sale or disposition requires a New Plan Review approval prior to operation. The Plan Review fee will be waived for all currently licensed operations as long as no extensive changes are planned.

### Remodel Plan Review:
Fee is 50% (fifty percent) of applicable local department fee for Risk Level when extensive changes are proposed such as remodeling of kitchen areas, reconfiguration of layout of facility, expansion or any other changes deemed to be extensive by the Marion Public Health Department.

<table>
<thead>
<tr>
<th>Base Fee</th>
<th>New Operation</th>
<th>Remodel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70% of Base Fee</td>
<td>50% of Base Fee</td>
</tr>
<tr>
<td></td>
<td>Commercial Non Commercial</td>
<td>Commercial Non Commercial</td>
</tr>
<tr>
<td>Less Than 25,000 Sq. Ft.</td>
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</tr>
<tr>
<td>Risk I</td>
<td>$202</td>
<td>$101</td>
</tr>
<tr>
<td>Risk II</td>
<td>$222</td>
<td>$111</td>
</tr>
<tr>
<td>Risk III</td>
<td>$422</td>
<td>$211</td>
</tr>
<tr>
<td>Risk IV</td>
<td>$552</td>
<td>$276</td>
</tr>
<tr>
<td>Greater Than 25,000 Sq. Ft.</td>
<td></td>
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</tr>
<tr>
<td>Risk I</td>
<td>$292</td>
<td>$146</td>
</tr>
<tr>
<td>Risk II</td>
<td>$302</td>
<td>$151</td>
</tr>
<tr>
<td>Risk III</td>
<td>$1092</td>
<td>$546</td>
</tr>
<tr>
<td>Risk IV</td>
<td>$1152</td>
<td>$576</td>
</tr>
</tbody>
</table>

### Water/Food Samples - Food Program:

<table>
<thead>
<tr>
<th>Department Fee</th>
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<tbody>
<tr>
<td>First Bacteriological water/food sample</td>
<td>$80.00</td>
</tr>
<tr>
<td>Additional Samples for bacteria- Same trip</td>
<td>$15.00 (+) Lab Fee(s)</td>
</tr>
<tr>
<td>Other types of water/food sample</td>
<td>See NOTES below</td>
</tr>
</tbody>
</table>

**NOTES:** Lab fees are subject to change. Bacteria water testing fees reflect current lab costs and are adjusted to current lab fees at time of water sample. Check to verify current pricing.

If taken at same time as the first water sample, additional water samples for bacteria testing are charged at $15.00 plus any associated lab fee.

Other types of water samples, as requested, will be based on current lab fees and projected time required and pricing will be quoted prior to collecting the sample(s).