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Application for Facility Review

Instructions:

1. Complete all applicable selections below.
2. Sign and date the application.
3. Make check or money order for the appropriate fee payable to Union County Health Department:
4. Return the application with appropriate fee and enclose the following items:

- _____ Proposed Menu (including seasonal or off-site banquet menus)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan and/or list of equipment make and model numbers
- _____ Site plan showing location of business in building, location of building on site including alleys and streets, and location of any outside equipment (dumpsters, wells, grease traps, septic systems when applicable).
- _____ Plan drawn to scale of establishment showing location of equipment, plumbing, lighting, electrical services and mechanical ventilation.
- _____ List of surface finishes for floors, walls and ceiling.
- _____ Proof of Level 1 Food Safety Training for person in charge on each shift.
- _____ Proof of Level 2 Food Safety Training for one person per operation. (Risk Levels 3 and 4 only)

Name of establishment: _____

Address: _____

Name of Owner: _____

Email: _____

Mailing address: _____

Contact Name (if other than owner): _____

Contact Phone: _____

Applicant's Name: _____ Title: _____

Total Square Feet of Facility: _____ Proposed Hours of Operation: _____

Projected Start Date: _____ Projected Date of Completion: _____

Type of service (check all that apply):

Sit Down Meals: _____ Take-out: _____ Grocery/Retail: _____ Caterer: _____ Mobile Vendor: _____

Applicant Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Plan Review #	Sanitarian:	Date Received:
Category:	Fee:	Date Review Completed: