



940 London Avenue, Suite 1100 - Marysville, OH 43040  
 Phone: (937)642-2053 Fax: (937)645-3047 www.uchd.net

## 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: \_\_\_\_\_

<b>Plan Review #</b>	<b>Sanitarian:</b>	<b>Date Received:</b>
<b>Category:</b>	<b>Fee:</b>	<b>Date Review Completed:</b>