

<p>Highland County General Health District 1487 N. High St. Suite 400 Hillsboro, OH 45133 Telephone: (937) 393-1941 Fax: (937) 393-4694 Email: info@highlandcountyhealth.org</p>		<p>Application For Reviewing facility layout & Equipment specifications for Mobile Food Facilities</p>
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FEES:

Plan Review: There is no fee for reviewing facility layout and equipment specifications
Licensing Fee: See current fee schedule

CODE:

- Ohio Revised Code (ORC) Chapter 3717
- Retail Food Establishments Ohio Administrative Code (OAC) Chapter 901:3-4
Food Service Operations: OAC Chapter 3701-21
- The food code can be viewed under the final rule sections at:
 - Ohio Dept. of Health (ODH): www.odh.ohio.gov Ohio Dept. of Agriculture.(ODA): www.agri.ohio.gov
- Ohio Uniform Food Safety Code OAC Chapter 3717-1

Food Code General Breakdown	General Description – each area has multiple sections	Food Code General Breakdown	General Description – each area has multiple sections
01	Definitions	02	Management & Personnel
03	Food Safety	04	Equipment
05	Water, Plumbing & Waste	06	Physical Facilities
07	Poisonous & Toxic Materials	08	Special Requirements
09	Plan Review criteria	20	Existing facilities & equipment

"Mobile food service operation" means a food service operation that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location, except that if the operation remains at any one location for more than forty consecutive days, the operation is no longer a mobile food service operation. "Mobile food service operation" includes a food service operation that does not remain at any one location for more than forty consecutive days and serves, in a manner consistent with division (F) of section [3717.01](#) of the Revised Code.

"Mobile retail food establishment" means a retail food establishment that is operated from a movable vehicle or other portable structure, and that routinely changes location, except that if the establishment operates from any one location for more than forty consecutive days, the establishment is no longer a mobile retail food establishment.

SOME OF THE DIFFERENT TYPES OF MOBILES:

CONCESSION TRAILERS ~ PUSH CARTS ~ TENT STYLE/KNOCKDOWN UNITS ~ BOAT CONCESSIONS ~
MOBILE COTTAGE FOOD SALES ~ MOBILE FRESH EGG SALES ~ MOBILE FRESH/FROZEN MEAT/POULTRY SALES
~ ICE CREAM TRUCKS ~ POPCORN UNITS ~ ICE TEA UNITS

REVIEW PROCESS: According to the OAC 3701-21-03: Facility layout and equipment specifications are required to be submitted to the local health department for all new or extensively altered mobile FSO/RFEs.

SUBMIT THE FOLLOWING:

→ **EQUIPMENT LIST** – include manufacturer’s name/make and model number

- a. Food equipment that is acceptable for use in a FSO/RFE shall be approved by a recognized food equipment testing agency with the exception the ODA, ODH, or the licenser (Highland County Health Dept.) may approve the use of food equipment, other than vending machines, bulk water machines, and equipment that displays time/temperature controlled for safety food in a micro market, that have not been approved by a recognized testing agency if the equipment demonstrates compliance with this chapter.
 - i. Non-commercial grade equipment will be determined for approval on a case-by-case basis depending on use and any other factors that apply to this operation.
 - ii. **Refrigerators need to be commercial grade.**

→ **MENU**

- a. List all food/beverages to be sold.
- b. List items and sources for foods not obtained from a commercial supplier such as:
 - i. Cottage foods
 - ii. Fresh/frozen “home-produced” meats/poultry
 - iii. Ready-to-eat foods
- c. In some cases, ODA (Food Safety/Whole Sale/Procession/Meat Divisions) may need to be contacted for additional licensing or approval. Examples:
 - i. Your facility will be receiving food from a FSO/RFE;
 - ii. You bottle sauces, etc.;
 - iii. You produce your own eggs/meats/poultry for retail;
 - iv. You will have storage outside your unit; and/or
 - v. You supply your unit with home bakery items.
- d. List food process that may require a variance from ODA or ODH

→ **PLANS**

- a. **Drawn legible and reasonably to scale.**
- b. Must include the following (if applicable) on the drawing(s):
 - i. Total area – please list square footage & outside dimensions.
 - ii. List all portions to be used – include all auxiliary areas
 1. Support vehicles
 2. Storage areas
 3. Outside equipment/sinks
 - iii. Entrances and exits
 - iv. Location, number and types of plumbing fixtures, including all water supply facilities
 1. Fresh Water - List type of backflow & List type of hoses
 2. Gray Water - List type of gray water collection and disposal.
 - v. Plan of lighting
 - vi. Floor plan showing the general layout of fixtures and other equipment.
 - vii. Building materials and surface finishes to be used.



→ **ATTACHED QUESTIONNAIRE.** – *If you are unsure of how to answer anything – put a star next to it and leave blank – the sanitarian will work with you to fill it in.*

<u>STEPS TO OBTAINING YOUR LICENSE:</u>	
Submit required plan review information.	<ul style="list-style-type: none"> → Plans will be acted upon within 30 days. Written verification will be given → If approved – you may proceed to obtain a license. → If disapproved –submit required documentation if applicable. → Approval of these plans and specifications 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 operation (structure or equipment).
Submit licensing application	<ul style="list-style-type: none"> → Following plan approval. → Our office will provide you with an application to fill out closer to when you are ready to be licensed. → Apply when you are ready to obtain a license.
Submit appropriate licensing fee.	→ See current fee schedule
Schedule an inspection(s).	<ul style="list-style-type: none"> → Contact our office to schedule an inspection. It is best to schedule as early as possible as inspections cannot be guaranteed the same day and in some cases that same week. → At the time of your final inspection, your unit should be in ready-to-go condition: <ul style="list-style-type: none"> a. Cold holding units should be on with thermometers in place. b. Equipment/thermometers should be in/with unit. c. Handwashing measures should be properly supplied. d. Dishwashing supplies including sanitizer and test kit(s) need to be available. e. Backflow prevention and proper water hoses should be available. f. Proper signage should be on the unit
Submit or have available Letter(s) of approval, if applicable, from all other applicable agency.	<ul style="list-style-type: none"> → Must be available for inspector’s review prior to licensing. → Fire Dept., ODA, ODH, Health Dept EH Division’s water/sewage (wells/residential Septage systems), etc.
Install/have available proper signage OAC 3701-21-02 (H)	<ul style="list-style-type: none"> → Mobile license shall be displayed for that unit at all times within the unit. → Each operator of a mobile FSO unit shall conspicuously display the name of the operation, the city of origin and the area code and telephone number on the exterior of the mobile unit. → The name and city of origin of the mobile unit shall be displayed with individual lettering measuring at least 3 inches high and 1 inch wide.

☑ SOME SPECIFIC CODE INFORMATION REGARDING WATER & SEWAGE FOR MOBILE UNITS:

3717-1-05.2 Mobile water tanks.

(A) Materials - approved. Materials that are used in the construction of mobile water tanks, and appurtenances shall be:

(1) Safe; (2) Durable, corrosion-resistant, and nonabsorbent; (3) Finished to have a smooth, easily cleanable surface; and (4) Constructed of materials that meet NSF standard 61 or the equivalent.

(B) Enclosed system and sloped to drain. A mobile water tank shall be: (1) Enclosed from the filling inlet to the discharge outlet; and (2) Sloped to an outlet that allows complete drainage of the tank.

(C) Inspection and cleaning port - protected and secured. If a water tank is designed with an access port for inspection and cleaning, the opening shall be in the top of the tank and: (1) Flanged upward at least one-half inch (thirteen millimeters); and (2) Equipped with a port cover assembly that is: (a) Provided with a gasket and a device for securing the cover in place, and (b) Flanged to overlap the opening and sloped to drain.

(D) "V" type threads - use limitation. A fitting with "V" type threads on a water tank inlet or outlet shall be allowed only when a hose is permanently attached.

(E) Tank vent - protected. If provided, a water tank vent shall terminate in a downward direction and shall be covered with: (1) Sixteen mesh to one inch (sixteen mesh to 25.4 millimeters) screen or equivalent when the vent is in a protected area; or (2) A protective filter when the vent is in an area that is not protected from windblown dirt and debris.

(F) Inlet and outlet - sloped to drain. (1) A water tank and its inlet and outlet shall be sloped to drain. (2) A water tank inlet shall be positioned so that it is protected from contaminants such as waste discharge, road dust, oil, or grease.

(G) Hose - construction and identification. A hose used for conveying drinking water from a water tank shall be: (1) Safe; (2) Durable, corrosion-resistant, and nonabsorbent; (3) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition; (4) Finished with a smooth interior surface; (5) Clearly and durably identified as to its use if not permanently attached; and (6) Constructed of materials that meet NSF standard 61 or the equivalent.

(H) Filter - compressed air. A filter that does not pass oil or oil vapors shall be installed in the air supply line between the compressor and drinking water system when compressed air is used to pressurize the water tank system.

(I) Protective cover or device. A cap and keeper chain, closed cabinet, closed storage tube, or other approved protective cover or device shall be provided for a water inlet, outlet, and hose.

(J) Mobile water tank inlet - construction. A mobile food service operation's or a mobile retail food establishment's water tank inlet shall be: (1) Three-fourths inch (19.1 millimeters) in inner diameter or less; and (2) Provided with a hose connection of a size or type that will prevent its use for any other service.

(K) System flushing and disinfection. A water tank, pump, and hoses shall be flushed and disinfected according to the procedure in Chapter 3701-28 of the Administrative Code before being placed in service and after construction, repair, modification, and periods of nonuse.

(L) Using a pump and hoses - backflow prevention. A person shall operate a water tank, pump, and hoses so that backflow and other contamination of the water supply are prevented.

(M) Protecting inlet, outlet, and hose fitting. If not in use, a water tank and hose inlet and outlet fitting shall be protected using a cover or device as specified under paragraph (I) of this rule.

(N) Tank, pump, and hoses - dedication. A water tank, pump, or hose used for conveying drinking water shall be used for no other purpose. This paragraph does not prohibit water tanks, pumps, and hoses approved for liquid foods to be used to convey drinking water if they are cleaned and sanitized before being used to convey water.

Effective: 01/01/2013

3717-1-05.3 Water, plumbing, and waste: sewage, other liquid waste, and rainwater.

(A) Mobile holding tank - capacity and drainage. A sewage holding tank in a mobile food service operation or mobile retail food establishment shall be: (1) Sized fifteen per cent larger in capacity than the water supply tank; and (2) Sloped to a drain that is one inch (twenty-five millimeters) in inner diameter or greater, and equipped with a shut-off valve.

(B) Drainage system. Food service operation or retail food establishment drainage systems, including grease traps, that convey sewage shall be designed and installed as specified under paragraph (B)(1) of rule [3717-1-05.1](#) of the Administrative Code.

(C) Backflow prevention. A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed unless allowed by the Ohio building code for: (1) A warewashing machine between its waste outlet and a floor drain when the machine is located within five feet (1.5 meters) of a trapped floor drain and the machine outlet is connected to the inlet side of a properly vented floor drain trap; or (2) A warewashing or culinary sink. This paragraph does not prohibit floor drains that originate in refrigerated spaces that are constructed as an integral part of the building.

(D) Grease trap - location and placement. If used, a grease trap shall be located to be easily accessible for cleaning.

(E) Conveying sewage. Sewage shall be conveyed to the point of disposal through an approved sanitary sewage system or other system, including use of sewage transport vehicles, waste retention tanks, pumps, pipes, hoses, and connections that are constructed, maintained, and operated according to law.

(F) Removing mobile food service operation or mobile retail food establishment wastes. Sewage and other liquid wastes shall be removed from a mobile food service operation or mobile retail food establishment at an approved waste servicing area or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created.

(G) Flushing a waste retention tank. A tank for liquid waste retention shall be thoroughly flushed and drained in a sanitary manner during the servicing operation.

(H) Disposal facility - approved sewage treatment system. Sewage shall be treated through a facility that is: (1) A public sewage treatment plant; or (2) An individual sewage treatment system that is sized, constructed, maintained, and operated according to law.

(I) Other liquid wastes and rainwater. Condensate drainage and other nonsewage liquids and rainwater shall be drained from point of discharge to disposal according to law.

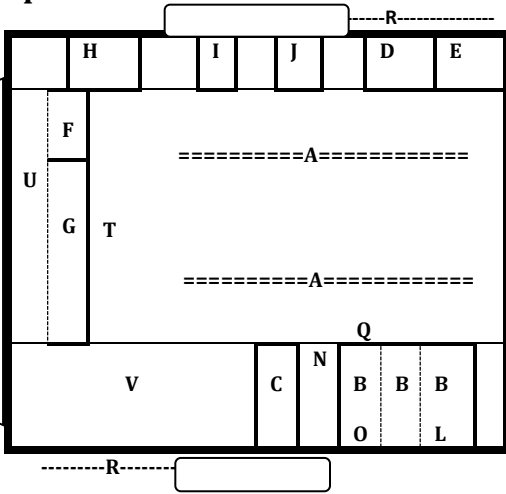
Prior History: (Effective: 03/01/2009)

Some of the other agencies that may need to be contacted:	
Agency & Contact	Questions regarding:
<p>Department of Commerce - Bureau of Construction Compliance Reynoldsburg Central Office 6606 Tussing Rd., PO 4009 Reynoldsburg, Ohio 43068-9009 Customer Service: (614)644-2622 or (800)523-3581 Division of Liquor Control:(614)644-3155 Greenfield Building Inspector:(937)981-3048 Hillsboro Building Inspector (937)393-5219</p>	<p>Building, Electrical, Liquor licensing</p>
<p>Ohio EPA Division of Surface Water – SW District Office 401 E. Fifth St., Dayton, Ohio 45402 Phone:(800)686-8930 or (937)285-6357</p> <p>Highland County Health Dept. (937)393-1941 Water samples are taken Monday afternoons.</p>	<p>On-site or semi-public septic systems.</p> <p>Private or semi-public water systems</p>
<p>Ohio Dept. of Agriculture 8995 E. Main St., Reynoldsburg, Ohio 43068</p> <p>Phone: (800)282-1955 or (614)728-6250 – Food Division</p> <p>Whole Sale local contact Matt Fout: (614)600-4272</p>	<p>Cottage Food ~ Farm/farmers markets, ~ Food Delivery Food storage/ Warehouse Licenses Dairy production, etc Home Bakeries ~ Labeling requirements, ~ Meat Inspection Pesticide Application Licenses Whole sale items</p>
<p>Highland County Plumbing Inspector: *Applications and fees are submitted to the Highland Co. Health Dept.</p>	<p>Plumbing – generally do not apply to mobile units.</p>
<p>Your Local fire authority or the State Fire Marshall State Fire Marshall (614) 728-5460</p>	<p>Fire Code Requirements and inspections</p>
<p>Bureau of Motor Vehicles, Sheriff’s office or other agencies</p>	<p>Road worthiness of mobile food units</p>
<p>Highland County Auditor Phone: (937) 393-1915</p>	<p>Vendor licenses</p>
<p>Ohio Job & Family Services – Child Day Cares Phone: (614)466-1213</p>	<p>Day care requirements</p>
<p>Contact event jurisdiction to see if they have zoning or require additional permits.</p>	<p>Solicitor Permits</p>



EXAMPLES OF FLOOR PLANS

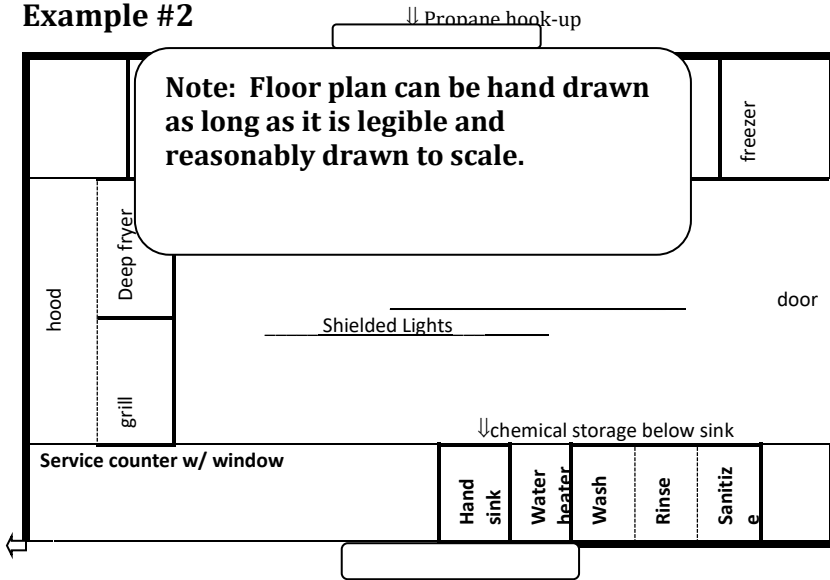
Example 1



KEY:

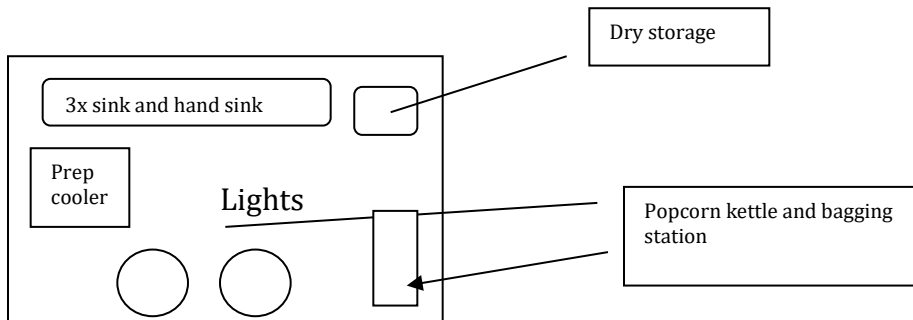
- A. Shielded lights
- B. 3 compartment sink
- C. Hand sink
- D. Refrigerator
- E. Freezer
- F. Grill
- G. Deep Fryer
- H. Steam table unit
- I. Coffee pots
- J. Soda fountain
- K. Freshwater tap/potable water holding tank fill port
- L. Potable water tank
- M. Backflow prevention device
- N. Hot water heater
- O. Gray water holding tank/ Blue Boy type catch basin
- P. Propane hook-up
- Q. Chemical storage
- R. Serving window(s)
- S. Outside grill
- T. Entrance to unit
- U. Hood/ vent system
- V. counter

Example #2

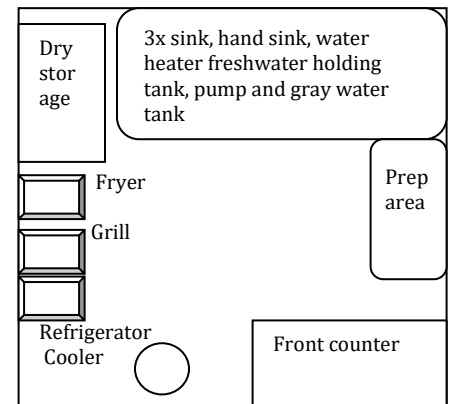


Back-flow preventer/ Fill tank//blue boy outside grill

10x20 tent



12x12 tent



Mobile Food Facility Questionnaire (to be submitted to this office)		
When will your mobile be ready for final inspection?	General description of type of sales that will be offered:	
Name of proposed mobile unit:	Township:	
Name of Owner or Owner's Representative:		
Mailing Address:		
City:	State	Zip
Telephone:	Fax:	E-mail Address:
Concession Unit Storage Address location:		
City:	State	Zip
Is this a: <input type="checkbox"/> New unit; <input type="checkbox"/> Remodel of a Highland County licensed mobile; or <input type="checkbox"/> Unit that was licensed in another County: What county? _____ When? _____		
What type of unit: <input type="checkbox"/> box-type concession trailer; <input type="checkbox"/> tent unit; <input type="checkbox"/> push-cart; <input type="checkbox"/> water craft; <input type="checkbox"/> other	Outside dimensions of unit:	
Will your unit be set up at a certain location on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where: _____ List hours of operation: _____		
STAFFING: 1. Where will employees store personal belongings (i.e., purse, coats, etc.)? 2. Briefly describe policy to exclude/restrict food workers who are sick or have infected cuts/lesions: 3. <input type="checkbox"/> N/A or <input type="checkbox"/> Describe how will employees avoid touching unpackaged ready-to-eat foods? 4. <input type="checkbox"/> No <input type="checkbox"/> Yes Has all staff been properly trained on food safety, handwashing, health policy, sanitation and other related Ohio Administrative Code Chapter 3717-1 Ohio Food Safety Code requirements. If No when does/will training occur: _____		

EQUIPMENT List (Attach or fill in the following) – Equipment needs to comply with the Ohio Uniform Food Safety Code.

Description	Make	Model	Is this a commercial piece of equipment
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional equipment list can be attached to application.

→ Total Number of Refrigeration units: _____

→ Total Number of Freezer units: _____

→ Yes No - Will equipment be used outside the main unit (i.e. grills, deep fryers, coolers, sinks, etc.)? If yes, remember to include these items on your required floor plan.

→ Yes No - Will there be any outside support (storage) vehicles, buildings, etc.?

→ If yes, please list units and what will be stored in them:

SUPPORT UNIT 1 _____

SUPPORT UNIT 2 _____

SUPPORT UNIT 3 _____

→ N/A Yes No - Will dirty non-disposable food contact equipment (pots, pans, bowls, scoops, utensils etc.) be generated during operation of your unit.

○ If yes check type(s) of sanitizer is to be used in the 3-compartment:

→ Chlorine, Quaternary Ammonium, Iodine

○ N/A or Describe location where washed utensils/equipment will be placed to air dry:

○ N/A or Describe procedures for cleaning & sanitizing cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks.

DETAILED FLOOR PLANS must be submitted either draw or [] Check if diagram is attached to this packet – all items must be clear, legible, and reasonably to scale.

MENU (Attach or fill in the following)

Menu Item	Menu Item	Menu Item
1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.
25.	26.	27.
28.	29.	30.
31.	32.	33.
34.	35.	36.
37.	38.	39.
40.	41.	42.
43.	44.	45.

1. **No** **Yes** Will any of your supplies be purchased from an alternative source i.e. cottage food products? If yes, list name and phone # of person or business:

2. **N/A** **No** **Yes** Based on your menu, other than commercially packaged products that are not being repackaged in your facility (i.e. chips, candy bars, ice cream novelty items, whole sale frozen meats, etc.) will all food be prepared within the mobile unit?
3. If no, where will the food be prepared?

4. **Were you intending to do any of the following:**

OTHER AGENCIES List the approvals that will be obtained prior to licensing if applicable:

Agency	Anticipated Date of inspection/approval
1.	
2.	
3.	
4.	
5.	

FOOD

Handling:

1. N/A or Describe where will the shelf-stable food storage be located?
2. N/A or Describe where will the paper goods storage space(s) be located?
3. N/A No Yes Will raw meats/ poultry/seafood be stored in cold holding units with cooked/ready-to-eat foods? If yes, precautions need to be taken to prevent cross-contamination of foods.
4. N/A No Yes Will any food be stored cold using methods other than in refrigerators/freezers such as stored on ice, in insulated coolers etc.? If yes, list types of foods:
5. N/A No Yes Will your operation be thawing food items for preparation or for sale?
 - a. If yes, check types: Thick meats, Thin meats, Seafood, Poultry, Cold foods, Baked goods
 - b. How: Refrigeration, Running water, Cooked frozen, Microwave, Other
6. N/A No Yes Will your operation be cooling any food items?
 - a. If yes, check type(s): Beverages, Cold foods (Tuna/Potato Salads etc.) Hot foods (Soups, gravies etc.) Seafood Poultry Thin meats Thick meats Baked goods (Cream pies, etc.)
 - b. How will foods be cooled?
 - Refrigerator/freezer Shallow Pans, Ice baths, Rapid Chill Other: _____
7. No Yes Are any foods prepared more than 12 hours in advance of service?
 - a. If yes, list types:
8. No Yes Will your operation be selling hot food items cooking/receiving/heating/ holding hot)?
9. No Yes Will your unit have fountain drinks, coffee/ beverage machines?
10. No Yes Will your unit be using ice?
 - If yes, for what purpose: _____: Purchased commercially or made on premises

Plumbing:

Backflow Prevention Device (must be either ASSE #1012 or #1024)

1. N/A or describe where is the backflow prevention device to be located on this unit?
2. N/A or describe where will you store your food grade water hose when it is not being used?
3. N/A or Indicate if your facility will have the following types of sinks:

<input type="checkbox"/> 3 compartments	<input type="checkbox"/> Food preparation	<input type="checkbox"/> Restroom	<input type="checkbox"/> Mop/utility
<input type="checkbox"/> 2 compartments	<input type="checkbox"/> Hand wash	<input type="checkbox"/> Ice cream scoop wells	<input type="checkbox"/> Other
4. No Yes Does the unit have a restroom?
5. N/A No Yes Do all hand washing sinks have hot & cold or warm running water?
*If your unit is not required to have a hand washing sink – explain how will employees clean their hands?
6. No Yes Are hand drying facilities (paper towels, continuous roll cloth type, air blower, etc.), soap dispensers and waste receptacles available at all hand washing sinks?
7. N/A No Yes Does each hand sink have a sign reminding employees to wash their hands?

Trash:

1. N/A No Yes Will trash be stored inside?

Maintenance:

1. No Yes Will all containers of toxic/cleaning materials be clearly labeled?
2. N/A or List storage location for clean as well as soiled/dirty linens: _____
3. N/A No Yes If used, are insecticides/rodenticides stored separately from other items?
4. Describe location for cleaning supplies:

Water Supply:	1. <input type="checkbox"/> N/A or <input type="checkbox"/> Water supply will the proposed operation have? <input type="checkbox"/> Community/Municipal, <input type="checkbox"/> Approved Well <input type="checkbox"/> Store bought 2. <input type="checkbox"/> No <input type="checkbox"/> Yes Will this unit have a fresh water holding tank?																												
Waste water disposal:	Notes: Waste disposal must be to an approved facility. If your unit will be participating in an event, remember to check with the event coordinator for disposal facility locations. <u>Waste water holding tanks must be 15% larger than fresh water holding tanks.</u> 1. <input type="checkbox"/> N/A or <input type="checkbox"/> Describe where will sewage/gray water be disposed at? <input type="checkbox"/> Community/Municipal, <input type="checkbox"/> Private 2. <input type="checkbox"/> No <input type="checkbox"/> Yes Will this unit have a storage tank for sewage/gray water built-in?																												
Plan information:	1. <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Are lights shielded in unit, coolers, freezers and warmers? 2. <input type="checkbox"/> N/A or <input type="checkbox"/> List surface finishes to be used: (i.e. paint, vinyl, metal, etc.)																												
<table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%;">FLOORS</th> <th style="width:20%;">WALLS</th> <th style="width:30%;">CEILING</th> </tr> </thead> <tbody> <tr> <td>MAIN UNIT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPPORT UNIT 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPPORT UNIT 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPPORT UNIT 3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FLOORS	WALLS	CEILING	MAIN UNIT				SUPPORT UNIT 1				SUPPORT UNIT 2				SUPPORT UNIT 3				OTHER							
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SUPPORT UNIT 1																													
SUPPORT UNIT 2																													
SUPPORT UNIT 3																													
OTHER																													

Statement:
 I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this office may nullify this approval.

Signature: _____ Date: _____
Owner or Authorized Representative

- Prior to a license being issued the following steps must be completed:*
- This questionnaire and plans have been submitted, reviewed and approved by this office.*
 *Approval of these plans and specifications 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 operation (structure or equipment).
 - All other applicable agencies have given their written approval. Copies of approvals are available for inspector's review.
 - Appropriate licensing fee and licensing application have been submitted to this office.
 - The mobile operation is complete and meets requirements of the Ohio Uniform Food Safety Code
 - This office has conducted an inspection(s) to verify that the unit is in compliance with applicable food code regulations.

OFFICE USE ONLY:		
Plans & plan review application & if applicable - authorization from other agencies:		
Date Received:	Date Reviewed:	Approval/Disapproval Letter(s) sent:
Plan Approval Date:	Plan Disapproval Date:	
Waste water disposal Approval Date: _____	Drinking water: Approval Date: _____	Building Dept. Approval Date: _____
Fire Dept. - Approval Date: _____	Liquor Dept. Approval Date: _____	ODA Approval Date: _____

Rev. 12/2019

_____ **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:

Highland County Health Department
 1487 N. High St., Suite 400
 Hillsboro, Ohio 45133
 Phone: 937-393-1941

*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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