# LICENSING

All food businesses in Tuscarawas County are required to have a food service operation or retail food establishment license issued by Tuscarawas County Health Department (TCHD). If you plan to open a restaurant or retail food establishment, change ownership, remodel an existing location or change your license status (i.e. change of menu or food preparation and processing methods), you must submit a plan review packet. If you have any questions regarding plan approval or licensing, please contact the Food Safety Program at 330-343-5555.

**GETTING STARTED**

Ohio Law requires that every food operator be licensed prior to operating. All new retail food businesses and those performing extensive alterations or remodeling must complete the plan review process.

**STEPS FOR SUBMITTING A PLAN REVIEW:**

**STEP 1 – SUBMITTAL OF PLANS**

* Complete the attached “Plan Review Application”
* Submit the application along with the Plan Review fee
* Submit one (1) complete set of drawings of the facility
* NOTE: Your application should be submitted at least 30 day prior to construction.

**STEP 2 – PLAN REVIEW AND APPROVAL BY TCHD**

* Your application and information submitted will be reviewed by our department within 30 days upon receipt.
* A letter will be mailed informing you of any additional information or changes that are required to meet code requirements, if any.

**STEP 3 – CONSTRUCTION INFORMATION**

* Ensure all contractors and subcontractors are properly licensed.
* Ensure your contractors obtain all necessary permits through the Building Service Department in your jurisdiction.
* Contact your local Fire Department for fire code information and a Life Safety Inspection of your facility.

**STEP 4 – INSPECTION**

* Prior to opening your establishment, it must be inspected by TCHD.
* If the facility meets code requirements at the time of pre-licensing inspection, it will be approved to operate once a completed application and the corresponding fee is received (see Schedule of Fees).

**NOTE: TCHD will make all attempts to accommodate your timeline for the final inspection, but please plan in advance and contact us at least 1 week ahead of your desired inspection date. Call 330-343-5550 to schedule an appointment.**

# EDUCATION REQUIREMENT

As of March 1, 2010 the Ohio Revised Code requires that at least one person in charge (PIC) per shift of a food service operation or retail food establishment must have attended the Level One training or an equivalent approved training prior to the business being licensed. Proof of completion will be required to obtain the proper food license.

# PLAN REVIEW SUBMISSION

An application to conduct a **food service operation or retail food establishment** may only be completed **after** the plans for the operation have been reviewed and approved.

In order for the plans to be reviewed, the owner/operator must **first** submit a **Plan Review Application**, along with the required fee for the plan review.

Once the plans, information and menu are reviewed and approved and the proper risk classification and licensing fee are determined, you will contact us to schedule a pre-licensing inspection. This inspection ensures that the operation as well as the menu and methods of food preparation are consistent with the plans that were submitted.

Upon a satisfactory pre-licensing inspection, the appropriate fee will be collected and the appropriate license will be issued.

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. I am submitting a set of plans, a menu and the plan review fee.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Plans To:** Tuscarawas County Health Department

Food Safety Program

897 East Iron Ave.

Dover, Ohio 44622

**Questions:** Phone: 330-343-5550 Fax: 330-365-3764

www.tchdnow.org

**You must provide the following information in your plans:**

**General requirements:**

1. All plans must be legible and drawn reasonably to scale.
2. A detailed drawing of the area used by the business including all entrances, exits, windows, and doors.
3. A statement indicating the seating capacity and square footage.
4. The plans must contain the exact placement of all equipment within the food facility. This includes sinks, cooking equipment, and refrigeration units.
5. All surfaces must be smooth, easily cleanable, and non-absorbent. A complete list of surface finishes must be submitted along with the plans, or detailed on the plans.
6. A complete list of all food items that will be prepared and served.
7. The number and location of all lighting fixtures. All lighting in the storage, cooking, and preparation areas must be shielded.
8. All restroom doors that open into food preparation/cooking areas must be self-closing.

**Plumbing Requirements:**

1. The location of all plumbing fixtures. Including the placement of all hand sinks, toilets, food preparation sinks, and the three compartment sink.
2. The three compartment sink must have drain boards on each end, or a moveable cart to be used as a drain board.
3. The location of the mop sink.
4. The size and location of the hot water heater.
5. The size and location of the grease interceptor, if required.
6. An indirectly drained food –preparation sink will be required if food will be thawed in water or if food will be washed.

**Equipment Requirements:**

1. A list of all food equipment with the manufacturer and model numbers listed. All food equipment should be approved for commercial use by a testing agency such as NSF or UL.
2. All refrigerators must have a working thermometer and must maintain 41 degrees or less.
3. Proper thermometers available for testing food temperatures (stem thermometer).

# PLAN REVIEW CHECKLIST

**The following information must be included as part of your plan review. Please complete the checklist and submit it with the application.**

Please indicate if you have included the listed components in your plan, or if a component is not applicable to your establishment

|  |  |  |
| --- | --- | --- |
| **COMPONENT** | **YES, IT IS**  **INCLUDED** | **NOT APPLICABLE** |
| Site Plan |  |  |
| Floor Plan, drawn to scale |  |  |
| Location of Entrances and Exists |  |  |
| Grease trap location |  |  |
| Food Preparation Sink with indirect drain (air gap is present) |  |  |
| Ventilation Hoods |  |  |
| ANSI fire suppression system over grease producing equipment |  |  |
| Location of all hand sinks (inclusive of restrooms) |  |  |
| Location of all equipment (refrigerators, freezers, and hot holding equipment) |  |  |
| Location of the 3 compartment sink |  |  |
| Location of the dish machine |  |  |
| Location of the mop sink |  |  |
| Dry storage location(s) |  |  |
| Chemical storage location(s) |  |  |
| Location of Washer and Dryer |  |  |
| Completed Equipment List |  |  |
| Completed Interior Finishes List |  |  |
| Self-Closing Restroom Doors |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Safety Program Plan Review Fee Schedule**   |  |  |  |  | | --- | --- | --- | --- | | **Plan Review Fees** | **Small <25,000 ft2** | | **Large >25,000 ft2** | | **Level 1 or 2** | **$200.00** | | **$200.00** | | **Level 3 or 4** | **$400.00** | | **$400.00** | | **Mobile** | | **No Plan Review Fee** | | | | | | | | Number of seats | |
| Total Square Footage of Food Area | |
| Amount Due | |
| Date | New Construction | | Change of Ownership | Menu Change | | | Remodel of  Existing Facility |
| Food Service/Food Establishment Name | | | | | | | |
| Food Service/Food Establishment Street Address | | | | | | | |
| City | | Zip Code | | | Parcel ID | | |

**Anticipated Construction Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Opening Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name | | |  | |
| Mailing Address For Plan Approval Letter | | | Email Address | |
| City | | State |  | Zip Code |
| Phone Number | Cell Phone | |  | Fax Number |
| Signature | | |  | |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Paid By |  | |  |
| Check # |  | Date |  |
| Primary Reviewer |  | Secondary Reviewer |  |
| FSO Letter | RFE Letter Micro Market | | Remodel Letter |

**Please answer all of the following questions:**

|  |  |  |
| --- | --- | --- |
| **ESTABLISHMENT TYPE**  **(Check all that apply)** | **\_\_\_\_**Restaurant or Diner  \_\_\_\_Meat/Fish Market  \_\_\_\_Convenience Store  \_\_\_\_Coffee Shop  \_\_\_\_Grocery Store  \_\_\_\_Bakery  \_\_\_\_Caterer | **\_\_\_\_**Long Term Care Facility  \_\_\_\_Child Care Facility  \_\_\_\_Pizza Shop  \_\_\_\_School  \_\_\_\_Bar  \_\_\_\_Micro-Market  \_\_\_\_Other (please specify below)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Facility Information:**

|  |  |
| --- | --- |
| 1. What is the square footage of the facility that is devoted to food? | 1. |
| 2. Number of seats, if applicable | 2. |
| 3. What is your water supply source (municipal or well)? | 3. |
| 4 a. Is your sanitary sewage public or semi-public? b. If semi-public, is it OEPA approved? | 4 a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Is your equipment commercial grade and approved by a certifying agency such as NSF? | 5. |
| 6. Are all surface finishes smooth, cleanable, and nonabsorbent? | 6. |
| 7. What is the holding capacity of your hot water heater? | 7. |
| **Please answer the following questions as: No/Yes or Not Applicable (NA)** | |
| 8. Does your kitchen 3 compartment sink discharge into a grease trap? | 8. |
| 9. Does your walk-in units, dry storage, warewashing, food preparation areas, and restrooms meet the minimum lighting requirement below?    10ft Candles: Walk-in coolers and dry storage  20ft Candles: Restrooms  20ft Candles: Warewashing  50ft Candles: Food preparation areas | 9. |
| 10. Are your ice machines and preparation sinks indirectly drained (proper air gaps are present)? | 10. |

**Interior Finishes:**

Complete the following chart to indicate all interior finishes **OR** indicate the reference number on the plans of your facility layout. All surface finishes must be durable, smooth and cleanable. Please contact our office at 330-343-5555 with questions regarding acceptable finishes.

**\*If the location is not application, put N/A in the box.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION/ROOM** | **FLOORS** | **WALLS** | **CEILINGS** | **COVING** |
| **Example:**  Dry Storage Room | Sealed  Concrete | FRP | Vinyl acoustical  tile | 6” quarry tile |
| Kitchen |  |  |  |  |
| Bar |  |  |  |  |
| Dry Storage Room |  |  |  |  |
| Kitchen |  |  |  |  |
| Dishwashing Area |  |  |  |  |
| Walk-in Refrigerators and Freezers |  |  |  |  |
| Restrooms |  |  |  |  |
| Mop Service Area |  |  |  |  |
| Service  Areas/Buffets/Salad  Bars |  |  |  |  |
| Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name) |  |  |  |  |
| Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name) |  |  |  |  |
| Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name) |  |  |  |  |

**Equipment List:**

Provide the following information for all equipment you will be using in your facility. All equipment must be commercial grade and certified by an approved agency such as NSF.

**\*Use the back side of this form, if additional space is needed.**

|  |  |  |
| --- | --- | --- |
| **EQUIPMENT DESCRIPTION** | **MANUFACTURER** | **MODEL NUMBER** |
| **Example:**  Convection Oven | ABC Manufacturing Co. | A-111-11 |
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