



## New Food Facility Packet Step by Step Guide

Obtaining a new license for a food facility is required by all new owners, new businesses and food facilities that are being remodeled. Remodeling can include expansion, significant change in layout, equipment, and menu.

In Huron County, food licenses are non-transferable; a change in ownership requires a new food license and the facility must follow current codes.

Any time that you have questions please call or email our agency. Visit our website for the Ohio Food Safety Code, links to all applicable Environmental Health fees, rules, additional information or to download any of our forms or educational materials at [www.huroncohealth.com](http://www.huroncohealth.com). We have handouts available for you to download, print and reference. If you want to receive a copy from our office, call us and we will be happy to provide a copy and review materials with you.

### To obtain a new food facility license,

- 1. Complete and Submit Plan Review Application and Fee.** Complete Plan review as best as you can. Submit the Plan Review Application and fee to our agency. Once we receive the completed application, we have 30 days to review your plan. It is best to submit the application and drawings as soon as possible to avoid any delays in your licensing and plans to open. ***Use page 10 to check that all items are included with your application; otherwise, it will be considered incomplete.***
- 2. Contact Agencies.** The agencies listed on page 2 also may have specific requirements to open your facility. Approvals from these outside agencies may be required prior to food license approval.
- 3. Menu Review.** We may call you to schedule a menu review of your facility.
- 4. Sign offs.** Submit all required sign offs (from other agencies on page 2) to our agency.
- 5. Pre-licensing.** Schedule a pre-licensing inspection with our agency. If your facility is approved, proceed to the next step. If your facility is disapproved, we will schedule a follow-up inspection.
- 6. Food License Application.** Request and complete the Food License Application and return it with the required fee. This can be done in person or by mail.
- 7. License.** We will issue your food license. Once you receive your license you may begin operating.



*An equal opportunity provider of employment and services.*



## **Agency Contact Information**

*Keep this page for your information and use.*

**CONTACT THESE AGENCIES AS SOON AS POSSIBLE TO AVOID DELAYS  
IN THE PLAN REVIEW PROCESS.**

### **Huron County Building Department**

180 Milan Avenue

Norwalk, OH 44857

Phone: 419-668-3092 Ext. 1940

[huroncountybuildingdepartment@safebuilt.com](mailto:huroncountybuildingdepartment@safebuilt.com)

**\*Call and ask to schedule an inspection for a new Certificate of Occupancy. HCPH requirement for ALL new food licenses in Huron County.**

### **Richland County Plumbing Department**

Richland County Public Health

555 Lexington Avenue

Mansfield, OH 44907

419-774-4520

[www.richlandhealth.org/departments-and-services/environmental-health/plumbing-services](http://www.richlandhealth.org/departments-and-services/environmental-health/plumbing-services)

**\*Call and ask to schedule a plumbing inspection for a new food license.**

**\*Any plumbing work MUST be done by a plumber registered in Huron County.**

Within Bellevue City Corporation Limits, contact Sandusky County for building and plumbing approvals.

### **Sandusky County Commercial/Industrial Building Code Department**

1073 N Fifth Street, Fremont, Ohio 43420

419-333-6907

[bldgpermits@co.sandusky.oh.us](mailto:bldgpermits@co.sandusky.oh.us)

**Contact the following agencies, even if you are purchasing an existing facility.**

Each of these agencies will have specific requirements that vary from the requirements of the Huron County Public Health (HCPH).

### **Local Fire Department**

Contact your local fire authority; city, township, or village fire department to do an inspection and issue an inspection report.

### **Local Zoning Requirements**

Contact your local zoning inspector for a copy of your zoning permit.

### **Public Water Supply**

Contact your municipality or rural water authority office regarding requirements for a back-flow prevention device.

### **Ohio EPA *if Private Water*** (see page 6)

Northwest District Office

347 N. Dunbridge Rd.

Bowling Green, OH 43402

419-373-3007

### **Ohio EPA *if Private Sewage*** (see page 6)

Northwest District Office

347 N. Dunbridge Rd.

Bowling Green, OH 43402

419-373-3003

### **HCPH Environmental Health Division** general contact information

28 Executive Drive, Norwalk, OH 44857

419-668-1652 ext. 239; 567-244-3201 fax [environmental@huroncohealth.com](mailto:environmental@huroncohealth.com)

## **Facility & Equipment Requirements**

The following are general guidelines:

### **1. Lighting**

#### **Intensity Requirements:**

We can measure this during the visitation and pre-licensing inspection.

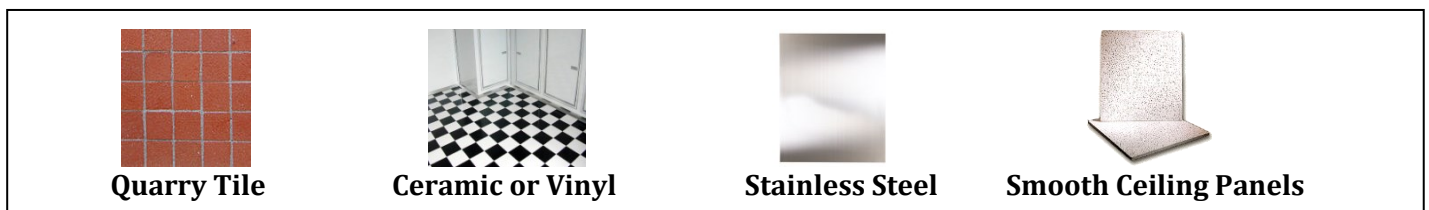
Preparation & Cooking Surfaces	50 Footcandles
Salad Bars & Buffets	20 Footcandles
Dishwashing & Handwashing	20 Footcandles
Inside Equipment	20 Footcandles
Dry Storage	10 Footcandles

#### **Shielding Requirements for food preparation and storage areas:**

- Shatterproof Bulbs
- Full Shields
- Plastic Tubes with endcaps

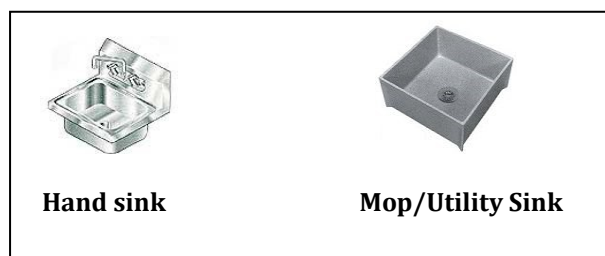
### **2. Floors, Walls & Ceilings**

Surfaces must be smooth and cleanable. The following are acceptable:



### **3. Sinks**

The following sinks are required for all facilities:



The following sinks may be required depending on licensing level:

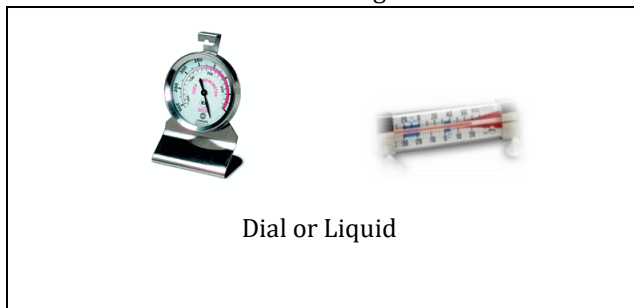


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#### 4. Thermometers

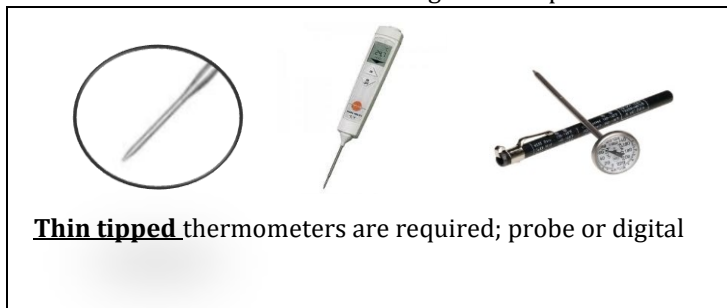
All facilities are required to have thermometers.

Thermometers for inside refrigerators and freezers.



Dial or Liquid

Thermometers for checking food temperatures.



**Thin tipped** thermometers are required; probe or digital

#### 5. Sanitizers and Test Strips

All facilities are required to have sanitizer and test strips to measure sanitizer concentration.



Sanitizers



Sanitizer Test Strips (must match sanitizer type)

#### 6. Equipment – KEEP THIS PAGE

All facilities are required to have commercial grade equipment certified by an approved agency.

The following labels indicate the equipment is certified and approved for use.



If the equipment does not have any of these exact labels it may not be approved. Look at the labels on your equipment, you may send us a copy of the logo or spec sheet prior to purchase for our staff to review.

Huron County Public Health issues licenses to food operations in Huron County through the Ohio Department of Health and the Ohio Department of Agriculture. These state agencies have developed food rules and laws that are written into the Ohio Revised Code and the Ohio Administrative Code. These rules and laws apply to licensed food facilities in the state of Ohio.

The Huron County Public Health works directly with our licensed facilities to educate and enforce Ohio rules and regulations to ensure public health is being protected. Our office, the Environmental Public Health Division, will be happy to assist you with this application process. This application is required for remodels, new facilities and change of ownership.

**Helpful Hints**

- ✓ This application should be filled out by individuals with knowledge of the **layout** as well as the daily **operations** and **procedures**. More than one individual may need to provide the information to properly answer these questions.
- ✓ **Knowledge of the Ohio Food Safety Code is required.** The code is available at [www.odh.ohio.gov](http://www.odh.ohio.gov) under Food Safety or you can visit our website at [www.huroncohealth.com](http://www.huroncohealth.com). We provide links to the rules, information on food safety education classes and food safety educational materials for professionals.
- ✓ Once a complete application is received, we have **30 days** to review and approve the plans. Submit this application early in your planning **to avoid delay of licensing**.
- ✓ If this application is missing information and/or unapproved, the 30-day period will **restart** when new or additional information is re-submitted.
- ✓ One **Person in Charge** is required during all hours of operation. This person must be trained in a **certified food safety program**.

<p><b>Name of Facility</b> _____</p> <p><b>Name of License Holder (Legal owner)</b> _____</p> <p><b>Location Address</b> _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ <b>Fax</b> _____</p> <p><b>Phone</b> _____ <b>Cell</b> _____ <b>Email</b> _____</p>
<p><b>Mailing address <u>IF different</u> than facility information:</b></p> <p><b>Name</b> _____</p> <p><b>Address</b> _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ <b>Fax</b> _____</p> <p><b>Phone</b> _____ <b>Cell</b> _____ <b>Email</b> _____</p>
<p><b>Name of Contact Person (f not License Holder)</b> _____</p> <p><b>Phone</b> _____ <b>Cell</b> _____ <b>Email</b> _____</p>

Total Square Feet of Facility \_\_\_\_\_ Project Opening Date \_\_\_\_\_

**Types of Food Service** (check all procedures that apply)

<input type="checkbox"/> Bakery	<input type="checkbox"/> Catering	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Produce	<input type="checkbox"/> Take-out Menu
<input type="checkbox"/> Bar w/food	<input type="checkbox"/> Deli	<input type="checkbox"/> Fountain Drinks/Coffee	<input type="checkbox"/> Seafood/Fish	<input type="checkbox"/> Wholesale Foods
<input type="checkbox"/> Buffet	<input type="checkbox"/> Delivery	<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Smoking Fish	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bulk Water	<input type="checkbox"/> Drive Thru/In	<input type="checkbox"/> Grocery	<input type="checkbox"/> Smoking Meat	_____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Drive Thru	<input type="checkbox"/> Ice Production	<input type="checkbox"/> Table Service	_____

**Sewage & Water:**

**Choose One:**

- I am utilizing a private water system for this facility.** A private water system is a water system that is privately owned, such as a well, cistern or hauled water tank. These private water systems must be permitted and approved by the Ohio Environmental Protection Agency) because the system will now be utilized to serve a public food facility.

I am connected to private water. I contacted the OEPA on (Date): \_\_\_\_\_

I spoke with: \_\_\_\_\_

- I am utilizing a public water system for this facility.** A public water system is a water system that is operated and by a public agency, such as a city or village supply or a rural water company.

**Choose One:**

- I am utilizing a private sewage system for this facility.** A private sewage system is a sewage system that is privately owned, such as a septic tank, mound, etc. These sewage systems must be permitted and approved by the Ohio Environmental Protection Agency because the system will now be utilized to serve a public food facility.

I am connected to a private sewage. I contacted the OEPA on Date): \_\_\_\_\_

I spoke with: \_\_\_\_\_

- I am utilizing a public sewage system for this facility.** A public sewage system is a sewage system that is operated by a public agency, such as a city or village. I am connected to public sewage.

**Meets Zoning Requirements:**

- A copy of the zoning permit is attached for health district records.

1. **What are your planned hours of operation?**

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

2. **Do you have one person-in-charge per shift trained in an accredited food safety course?**

Yes  No

**If Yes,** please provide a copy of certificates with application packet. OAC 3701-21-25

3. **What type of hair restraints will you be using?** *Check all that apply.*

Hat  Hairnet  Visor with Hairnet  Other \_\_\_\_\_

4. **How will raw meats/fish/poultry be stored to prevent cross-contamination?** OAC 3717-1-6.3(c)

*Check all that apply.*

Not Applicable  Separate shelves in proper order  Separate holding units  Same shelf with barriers

5. **Are your hand sinks equipped with the following?** OAC 3717-1-2.2 & 6.2

*Check all that apply.*

Soap dispenser  Paper towels  Air dryer/blower  Hot water  Handwashing sign  
 Trash Can

6. **Will you sell food that requires date marking?**  Yes  No OAC 3717-1-3.4

**If Yes,** answer all of the following: \*TCS is Time/Temperature Controlled for Safety Foods.

a. **What Date marking policy/system will you be using for \*TCS food items?** *Check all that apply.*

Not Applicable  Sticker/Tape  List posted in facility  Other \_\_\_\_\_

b. **What date will you be marking on these \*TCS foods?** *Check all that apply.*

Date item opened  Date item is expired  Both the opening & disposal date  Other \_\_\_\_\_

c. **According to the Ohio Food Safety Code, how long can you *cold hold* these\* TCS foods?** \_\_\_\_\_

d. **According to the Ohio Food Safety Code, what temperature do you *cold hold*\* TCS foods?** \_\_\_\_\_

7. **What method(s) will you use to thaw foods?** OAC 3717-1-3.4 (C)

*Check all that apply.*

Not Applicable  Under refrigeration  Under cold running water  Microwave  Cooking from frozen

8. **What type of thermometers do you have?** *Check all that apply.*

Not Applicable  Digital  Probe with thin tip  Probe with thick tip  Infrared  Thermocouple

**If you have probe or digital thermometers, how will you sanitize them?**

Alcohol wipes  Chlorine (Bleach)  Quaternary Ammonia

9. **Are you cooling foods** (this means saving leftovers)?  Yes  No OAC 3717-1-3.4  
**If yes, according to the Ohio Food Safety Code, how long do you have to properly cool foods:**  
a. From 135°F to 70°F \_\_\_\_\_ hours  
b. From 70°F to 41°F \_\_\_\_\_ hours  
**Which items will you use to prevent bare hand contact with ready-to-eat foods?** OAC 3717-1-3.2
10. *Check all that apply.*  
Not Applicable  Disposable Gloves  Tongs  Deli Tissue, Wax Paper  Other \_\_\_\_\_
11. **Will you use any of the following pieces of equipment?** *Check all that apply.*  
 Not Applicable  Cutting Boards  Meat Grinder  Meat Slicer
12. **How will you be washing dishes, utensils & equipment?** *Check all that apply*  
(Coffee pots, powdered drink dispensers, doughnut trays, tongs, cases, etc are dishes, utensils & equipment.)  3-Compartment sink  Automatic dishwasher  Clean-in-place   
Other \_\_\_\_\_
13. **Where will you be placing clean dishes to properly air dry?** *Check all that apply.*  
 Sink drain boards  Dishwashing racks  Wire racks/shelves  Other \_\_\_\_\_
14. **Does your largest piece of equipment fit in your sink?**  Yes  No
15. **What type of sanitizers will you be using for dishes?** *Check all that apply.*  
 Chlorine (Bleach)  Quaternary Ammonia  Hot water (automatic dishwashers only)
16. **What type of sanitizer will you be using for surfaces?** *Check all that apply.*  
 Chlorine (Bleach)  Quaternary Ammonia
17. **Is your facility selling or using ice?**  Yes  No  
a. **If Yes,** please check all the types of ice that apply:  Made onsite  Purchased separately  
b. If you use an ice scoop, how will you store it? \_\_\_\_\_
18. **Are your restrooms equipped with self-closing doors?**  Yes  No
19. **Are all outside doors self-closing, tight-fitting and rodent proof?**  Yes  No
20. **Will you have a dumpster?**  Yes  No



## **Licensing Levels**

The following common activities are listed to help give you an understanding of what licensing level you will be operating under. It is required by the Ohio Revised Code that you operate at the level that you are licensed under, so carefully consider what activities you will be conducting at your facility now and in the future. You may change levels at the time of each annual license renewal if you wish to expand or lessen your activities. Annual food license renewal is on March 1 of each year.

***Please mark all activities that will take place at your facility.***

### **Level 1 Activities:**

- Selling pre-packaged non-hazardous foods  
Ex. Chips, candy, pop, beer, snacks
- Selling prepackaged potentially hazardous foods (refrigerated or frozen)  
Ex. Sandwiches, packaged ice cream
- Having self-serve beverages  
Ex. Coffee, fountain pop
- Selling baby food or formula

### **Level 2 Activities (includes Level 1 & also includes):**

- Handling, heat treating, or preparing non-potentially hazardous food.  
Ex. Slicing apples, making popcorn.
- Holding for sale or serving time/temperature controlled for safety food at **the same proper holding temperature at which it was received.**  
Receiving cold foods at 41°F or lower and hot foods at 135°F or higher  
Ex. Hand dipped ice cream, serving soup in hot holding, pouring milk.  
(Foods may not be cooked, re-heated or cooled)
- Heating individually packaged; commercially processed time/temperature controlled for safety foods for immediate service.

### **Level 3 Activities (includes Level 1, 2 & also includes):**

- Handling, cutting, grinding of raw meat products.  
Ex. Making sausage or hamburger, cutting meats for sale.
- Cutting or slicing ready-to-eat meats and cheeses.
- Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled.  
Ex. Mixing pancake batter, making sandwiches, cooking pasta, meats, etc.
- Reheating of foods in individual portions only (reheating one person's order at a time)  
Ex. Heating one cup of leftover soup in microwave when ordered by customer.
- Operating a heat treatment dispensing freezer

### **Level 4 Activities (includes Level 1, 2, 3 & also includes):**

- Using Time in Lieu of Temperature as a method of control of foodborne pathogens  
Ex. Keeping food at room temperature and disposing after 4 hours.
- Serving food to a high-risk population  
Ex. Health care or assisted living facilities.
- Reheating food in bulk  
Ex. Re-heating pan of leftover soup, leftover meatloaf, leftover meatballs, leftover roasts, etc.
- Reheating food as a new ingredient  
Ex. Leftover chicken used in the next day's soup.
- Catering Ex. Transporting food in carriers and keeping food at proper temperature
- Offering foods that fall under the Consumer Advisory  
Ex. Offering undercooked hamburgers, serving raw fish, using homemade Caesar dressing, etc.
- Freezing of fish under special procedures to kill parasites

## **Check-Off List**

- **Plan Review Application and Review Fee** (pages 5-10).
- **Proposed Menu** The **menu** lists all items that are served or prepared by employees. This includes all served, cooked, opened, mixed, cut, or sliced foods. If it is not sold in the same unopened package it was received in, it **must** be listed on the menu.
- **Equipment List** The equipment list must include equipment manufactures and model numbers.
  - All pieces of equipment (small to large)
- **Finish Schedule**
  - Flooring material including finish.
  - Ceiling material including finish.
  - Wall materials including finish.
  - Shelving materials including finish.
- **Site Plan Drawings**
  - All sheets are recommended to be in PDF format or a MAXIMUM of 11x14-inch paper.
  - All sheets must be drawn to scale. If you do not know what drawn to scale means, contact this agency for help.

**Include the following:**

  - Entrances, exits & windows.
  - Loading/unloading and receiving docks.
  - Room size (square footage)
  - Location of *all* equipment
  - Location of each lighting fixture
  - Location of ventilation system (hoods & other ventilation)
  - Location of plumbing, all lines, fixtures and equipment:
    - Sinks ***labeled with intended use.***
    - Floor drains and floor sinks
    - Water supply lines
    - Wastewater lines
    - Hot water generating equipment.
    - Grease trap
    - Backflow prevention devices
    - Dishwasher
  - Auxiliary rooms showing any equipment in them.
    - Storage rooms
    - Garbage room
    - Restrooms
    - Basement
    - Dressing rooms
    - Locker Areas
    - Employee break room and coat rack or hook
    - Personal item storage area
  - Location of building onsite including:
    - Alleys/streets
    - Well or Septic if applicable.
    - Dumpsters
    - Parking
    - All outside storage (including sheds, garage, coolers, freezers, etc.)

**Additional items** will be checked for compliance with the Ohio Uniform Food Safety Code at the time of pre-licensing inspection.