

**20 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\*: 03/01/**

**to: Jefferson County**  
**500 Market Street**  
**Steubenville, OH 43952**

\* There is a mandatory penalty fee of 25% of the renewal fee 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		Email	
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		Email	
City		State	Zip
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
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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As per AGR 1269 (Rev. 1/2018) The Baldwin Group, Inc.  
 As per HEA 5319 (Rev. 1/2018) The Baldwin Group, Inc.



**Public Health**  
Prevent. Promote. Protect.

**JEFFERSON COUNTY**

[www.jchealth.com](http://www.jchealth.com)

740.283.8530

**GENERAL HEALTH DISTRICT**

500 Market Street, Sixth Floor, Steubenville, Ohio 43952

## JEFFERSON COUNTY HEALTH DEPARTMENT FSO/RFE PLAN REVIEW APPLICATION

All new or existing remodeled food service operations (FSO) and retail food establishments (RFE) are required to submit prepared plans with specifications to the Jefferson County Health Department for approval before a license can be issued and food can be prepared and served. The following application must be filled out in its entirety and the appropriate fee submitted before plans will be accepted for review. When such plans are accepted by the Jefferson County Health Department they shall be acted upon within thirty (30) days of receipt.

**I. Facility Information:**

Anticipated construction start date \_\_\_\_\_ Anticipated opening date \_\_\_\_\_  
New Building ( ) Remodeled or existing business ( )

NAME OF OPERATION : \_\_\_\_\_

ADDRESS OF OPERATION: \_\_\_\_\_

OWNER OF OPERATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF OPERATION: Restaurant ( ) Caterer ( ) Retail ( )

TYPE OF WATER SUPPLY: community ( ) Non-community ( )

TYPE OF SEWAGE DISPOSAL: Sanitary sewer ( ) semi-public septic ( )

System approved by OEPA? Y or N

## II. Plan contents checklist:

The plans and specifications submitted for approval to the Jefferson County Health Department shall be legible, drawn to scale and shall include the information below. Please indicate with a checkmark that ALL of the following are included in your plan packet, or indicate if not applicable (N/A).

- Menu or food list
- Total area to be used for food service
- Floor plan of equipment, fixtures, and general layout of all areas used for food prep (with Scale)
- Entrances and Exits
- Type of seating and seating capacity
- List of all equipment including manufacturers and model numbers
- Commercial equipment only (no home style equipment is permitted)
- Location, number, and types of plumbing fixtures, including all water supply facilities
- Direct / indirect plumbing (i.e. air gaps) designation of all plumbing fixtures and equipment Drains (e.g. sinks, drains, ice bins, dipper wells) dish machine. (high or Low temp.) or 3compartment sinks available.
- Adequate number of hand sinks in food prep areas and throughout facility.
- Food preparation / vegetable washing sink.
- Mop / utility sink
- Hand sinks in restrooms
- Grease interceptor , capacity, location
- Backflow prevention devices
- Plan of natural and artificial lighting ( must be > 50 foot candles in food prep areas).
- Building materials and surface finishes to be used, include trade names and manufacturer
  - Floors
  - Walls
  - Ceilings (washable, i.e. vinyl coated tiles)
  - Ventilation / HVAC specifications
  - Hood at grill line (ANSI Approved suppression system)
  - Hood at high temperature dish machines
  - Adequate and separate storage space / Shelving for food products, chemicals, etc. (all food must be stored 6" off the floor at all times).
  - Designated location for garbage dumpster
  - Two sets of identical plans with all the above information submitted.

**Required Signatures:**

**APPROVALS**

**DATE:      APPROVED BY WHOM:**

**DEPARTMENTS**

Department of Industrial Relations ( Mark Sprag)  
Division of Factory & Building inspections  
P.O. Box 825  
Columbus, Ohio 43216  
And / or local building inspector  
1-614-644-2223

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**Inside City Limits Of Steubenville**

**MUST CONTACT:**

Steubenville City Building Inspector  
Anthony Bodo  
1-740-283-6000 EXT: #1700

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Jefferson County Plumbing Inspector  
500 Market Street  
Steubenville, Ohio 43952  
(740) 283-8530

\_\_\_\_\_

Fire Prevention Local Fire Department

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Jefferson County Health Department  
Environmental Division, Registered Sanitarian  
500 Market Street  
Steubenville, Ohio 43952  
(740) 283-8530

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REMINDER: Plans that are missing any of the above information will be considered incomplete and the approval process will be delayed. After thirty (30) days, incomplete plans may be disapproved. A new application, fee and resubmittal of plans will be required.

## MENU OR FOODS BEING SERVED

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BUSINESS:	_____	OWNER:	_____
STREET:	_____	STREET:	_____
CITY:	_____	STREET:	_____
STATE:	_____	STATE:	_____
ZIP:	_____	ZIP:	_____
PHONE:	_____	PHONE:	_____

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**LIST COMPLETE MENU OR FOODS BEING SERVED**

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RETURN

**FSO &RFE EQUIPMENT LIST**

<b>BUSINESS:</b>	<b>OWNER:</b>
<b>STREET:</b>	<b>STREET:</b>
<b>CITY:</b>	<b>CITY:</b>
<b>STATE:</b>	<b>STATE:</b>
<b>ZIP:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>PHONE:</b>

<b>EQUIPMENT NAME</b>	<b>MODEL NUMBER #</b>	<b>NEW OR USED</b>

**RETURN**

**IV. FOOD SAFETY EDUCATION**

Are any employees certified in food safety? Yes or No

If YES, please provide names and indicate courses taken (e.g. ServSafe, Person in Charge):

\_\_\_\_\_

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If NO, please refer to a schedule of courses offered by ServSafe ( [www.ServSafe.com](http://www.ServSafe.com) or 412-337-2153).

**Note: there must be at least one person in charge per shift who can demonstrate understanding of the Ohio Food Code.**

**I am submitting a completed plan review packet, including two sets of plans, all required information, and the appropriate fee as determined above. I understand that incomplete plans may delay the opening of my facility.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_