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(Office Use: CFSN #)

**I. GENERAL INFORMATION**

Operation Name:	
Operation Address/City/Zip:	
Contact Person's Name:	Role/Title (owner, architect, contractor, etc.):
Contact Person's Address/City/Zip:	
Contact Person's Email Address:	Contact Person's Phone Number:

1. Type of facility (check all that apply):
  - Restaurant or Cafe     Bar     Market     Micro Market     Coffee Shop     Bakery
  - Daycare     School     Other (please specify) \_\_\_\_\_
  
2. Reason for food facility review:
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> New construction</li> <li><input type="checkbox"/> New food service in existing building</li> <li><input type="checkbox"/> Renovation of existing food service</li> <li><input type="checkbox"/> Re-opening after a year or more of closure (Same food service operation)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Operation change (converting the building use and/or type of food service)</li> <li><input type="checkbox"/> Floor layout alteration or equipment placement changes in existing food service operation</li> </ul>
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Briefly describe operation and/or changes to be made:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If currently operating, what is the food service license number (if known)? \_\_\_\_\_
  
4. What is the TOTAL area to be used for the food service operation or retail food establishment (or the area to be renovated)?  
\_\_\_\_\_ sq ft
  
5. What is the risk level of this facility, or proposed facility?
  - Level 1     Level 2     Level 3     Level 4     Unknown
  
6. List the location for storage of:
  - a. Chemicals and cleaning supplies: \_\_\_\_\_
  - b. Employee personal items: \_\_\_\_\_

## II. FLOOR LAYOUT/DRAWING REQUIREMENTS

### A. Facility layout drawings submitted with this application must:

- Be accurately drawn to a scale of ¼ inch = 1 foot.
- Be full-size and NOT reduced in size from the original. (Electronic plans cannot be accepted at this time.)
- Include all sections of the premises where the food service operation or retail food establishment is to be conducted. **The drawings should reflect the way the final space will look/be laid out.**
- Have all equipment numbered and identified.
- Include the following items:
  - Kitchen(s) and kitchen equipment
  - Bar(s) and bar equipment
  - Ware wash areas and equipment
  - Food storage areas and equipment or furniture
  - Waste/refuse rooms
  - Toilet facilities
  - Indoor seating
  - Entrances and exits
  - Outdoor waste storage
  - Outdoor seating areas
  - Outdoor food prep areas such as grills, smokers, bars, etc.
  - All plumbing fixtures such as hand sinks, prep sinks, service/mop sinks
  - Any other items used in food storage, preparation, or service
- Include a reflected ceiling drawing of lighting, both natural and artificial.
- Include a site plan that shows:
  - Location of building in relation to adjoining streets, alleys, etc. and the location of any outside support infrastructures, such as a dumpster (if applicable) OR
  - Location of facility within another building, such as a shopping center or stadium (if applicable)

## III. EQUIPMENT AND FACILITY REQUIREMENTS

### A. LIGHTING

REQUIREMENT: THE LIGHT INTENSITY SHALL BE (1) At least ten foot candles in walk-in units and dry food storage areas. (2) At least twenty foot candles where food is consumer self-served or where fresh produce or packaged foods are sold; inside reach-ins and under-counter refrigerators; above hand washing & ware washing areas; equipment and utensil storage. (3) At least fifty-foot candles in food prep areas.

1. Does or will the facility comply with the lighting requirement listed above?

Yes    No   If no, why not? \_\_\_\_\_

### B. FINISH MATERIALS

REQUIREMENTS FOR INDOOR SURFACES MATERIALS: Smooth, durable, and easily cleanable in areas where food service operation or retail food establishment activities are conducted. Nonabsorbent material is required in areas subject to moisture.

1. Specify the type of material used for all facility finishes by completing the table on the next page.

Check here if providing finish material information on facility drawings.

Room	Floor Material/Finish	Base Material	Walls Material/Finish	Ceiling Material/Finish
(Example: Kitchen, ware wash area, bar, prep area, etc.)	(Example: Quarry tile/sealed)	(Example: Quarry tile, vinyl, etc.)	(Example: FRP/smooth, stainless steel, etc.)	(Example: Gypsum board/ painted Smooth, VCT, etc.)

### C. EQUIPMENT SCHEDULE

REQUIREMENT: Equipment shall be approved by a recognized food equipment testing agency. NSF is the preferred agency. **Commercial equipment only** is permitted. No “home use” equipment is permitted.

- Does or will all equipment comply with the above requirement?  
 Yes    No   If no, why not? \_\_\_\_\_
- Provide equipment specifications information and cut sheets for all equipment and plumbing fixtures. Include the manufacturer and model number. Use additional sheets, if necessary.  
  
 Check here if providing equipment specifications on facility drawings.

ITEM # (on plans)	DESCRIPTION	MANUFACTURER	MODEL #	NEW or USED?

## D. PLUMBING FIXTURES

### 1. HAND SINKS

**HANDWASHING FACILITIES – LOCATION REQUIREMENT:** A hand washing facility shall be located to allow convenient use by employees in **ALL** food prep areas, food dispensing areas, and ware washing areas. (A hand sink should be located not more than 20 feet from any of the required locations).

a) Is there a convenient hand sink in ALL:

1) Food prep areas:

Yes  No If no, why not? \_\_\_\_\_

2) Food dispensing areas:

Yes  No If no, why not? \_\_\_\_\_

3) Ware wash areas:

Yes  No If no, why not? \_\_\_\_\_

### 2. MANUAL WARE WASH SINKS

**REQUIREMENT:** A sink with at least three compartments shall be provided. Each compartment shall be large enough to accommodate immersion of the largest equipment and utensils.

a) Is there a sink with at least three compartments, sized to the specifications listed above?

Yes  No If no, why not? \_\_\_\_\_

3. PREP SINK: The menu may dictate that a food prep sink is necessary. Is a prep sink present?

Yes  No If no, why not? \_\_\_\_\_

4. WASTE SINK(S): Is there a separate sink for liquid waste at the:

a) Coffee brewing and serving stations?

Yes  No (Indicate where liquid waste will be dumped) \_\_\_\_\_  N/A

b) Bar(s)?

Yes  No (Indicate where liquid waste will be dumped) \_\_\_\_\_  N/A

## E. INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing and rodent proof?

Yes  No If no, why not? \_\_\_\_\_

2. Will any windows or doors at the facility be kept open?

Yes  No

If yes, please indicate how opening(s) will be protected against the entry of insects and rodents:

Sixteen mesh to one inch (sixteen mesh to 25.4 millimeters) screens

Properly designed and installed air curtains

Other effective means (Please specify) \_\_\_\_\_

3. Will all pipes and electrical conduit chases be sealed, as wells as ventilation system exhaust and intakes protected?  
 Yes    No   If no, why not? \_\_\_\_\_

## F. GARBAGE AND REFUSE

REQUIREMENTS FOR OUTDOOR STORAGE SURFACE FOR REFUSE: The area shall be constructed of nonabsorbent material such as concrete or asphalt and shall be smooth, durable, and sloped to drain.

1. Will a dumpster be used?  
 Yes (Number \_\_\_\_\_ Size \_\_\_\_\_)    No (Specify \_\_\_\_\_)
2. Describe surface material where dumpster, compactor and/or garbage cans will be stored, as well as location of storage.  
 \_\_\_\_\_

## IV. APPLICATION CHECKLIST

The following items should be submitted **together with this fully completed application (pgs 1-5)** to ensure prompt review.

- Facility Layout Drawings (1 set)** – **\*\*IMPORTANT\*\*** Refer to page 2 for a complete list of requirements for the format of your drawings, and what to include.
- Equipment Specification sheets** – Submit manufacturer specification sheets for all equipment (including used and custom-made equipment) and plumbing fixtures. Label sheets.
- Menu** and/or list of all items to be served or sold in your food facility.
- Food Facility Review Fee** - check or money order only, made payable to “Treasurer, City of Cincinnati”. Refer to the information sheet attached to this application for more information on the amount to include.

**Check boxes above, and sign indicating all items have been submitted to complete your application.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Application, fees, and required documentation should be submitted, in person, to:

City of Cincinnati Permit Center  
 805 Central Ave, Centennial II, Suite 500  
 Cincinnati, OH 45202  
 (Hours: Mon – Fri, 7:30 am to 4:00 pm)



## FOOD FACILITY REVIEW INFORMATION (please retain for your records)

New and remodeled businesses with food sales must submit an application to the City of Cincinnati Health Department (CHD) for facility layout review before the business is licensed to operate. Scenarios that may require a food facility review include (but are not limited to): new construction; renovations (structural and/or installation of new equipment); operation change - converting the building use and/or the type of food service; facilities that have never been licensed as a food service; facilities making minimal changes such as floor layout alteration or equipment placement; facilities that have not operated in over a year as a food service.

### REVIEW PROCESS:

- 1) **PREPARE** your application and required documentation. Carefully review the requirements listed in the application itself.
- 2) **SUBMIT** your application, documentation, and fee to the address listed on the application. Use the following chart(s) for help determining your review fee:

REVIEW FEES for <b>facilities &lt; 10,000 sq. feet</b>		
	New Construction, Renovations, Operation Change & New Food Service	Minimal changes to existing food service operation or retail food establishment
*Risk Levels 1 & 2	<b>\$200</b>	<b>\$100</b>
*Risk Levels 3 & 4	<b>\$400</b>	<b>\$200</b>

REVIEW FEES for <b>facilities ≥ 10,000 sq. feet</b>		
	New Construction, Renovations, Operation Change & New Food Service	Minimal changes to existing food service operation or retail food establishment
*Risk Levels 1 & 2	<b>\$300</b>	<b>\$150</b>
*Risk Levels 3 & 4	<b>\$600</b>	<b>\$300</b>

*RISK LEVEL DEFINITIONS
<b>Risk level 1 &amp; 2</b> sell prepackaged snack foods and beverages; prepackaged refrigerated or frozen foods; coffee and self-service fountain drinks.
<b>Risk level 3 &amp; 4</b> are more complex operations such as restaurants and grocery stores that prepare and assemble food.

- 3) **REVIEW** - Your food facility plan reviewer will contact you within 30 working days after receiving your application and all necessary information with questions, issues, or to indicate whether your plans have been approved. NOTE: Changes to the layout or application after CHD approval will require resubmission.
- 4) **CONSTRUCTION** – Begin construction or alterations only **AFTER** you are notified your plans and food facility review application have been approved (and you have completed all other steps, i.e. secured appropriate permits, etc.). NOTE: Approved plans and/or an approved food facility review is **NOT** the same thing as a license to sell food.