

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. The following are examples of what requires a review process: new construction; renovations such as 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; also minimal changes such as floor layout alteration or equipment placement; facilities that have not operated in over a year as a food service.

STEP 1: PREPARE the following as one packet.

- This application with all applicable questions answered.
- A menu.
 - For a retail food operation (i.e. grocery store) a general list of food items to be sold, include self-serve beverages such as coffee, slushies, etc.
- Facility layout drawings. Provide one set of drawings.
- Equipment schedule. Include manufacturer specification sheets.
- Fee payable to: Treasurer, City of Cincinnati. Refer to charts below for the fee.

REVIEW FEES facilities < 10,000 square feet		
	new construction and renovations and operation change and new food service	minimal changes: floor layout alteration and not operated in over a year
Risk Levels 1 and 2	\$200	\$100
Risk Levels 3 and 4	\$400	\$200

REVIEW FEES facilities ≥ 10,000 square feet		
	new construction and renovations and operation change and new food service	minimal changes: floor layout alteration and not operated in over a year
Risk Levels 1 and 2	\$300	\$150
Risk Levels 3 and 4	\$600	\$300

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

STEP 2: SUBMIT the packet to your assigned reviewer.

STEP 3: REVIEW After the application and all necessary information is received you will be contacted within 30 working days. **Changes to the layout or application after CHD approval require resubmission.**

STEP 4: CONSTRUCTION Begin construction or alterations after your application is approved.

GENERAL INFORMATION

CONTACT INFORMATION

Operation address
Operation name
Contact person (designate one person) Name _____ Email _____ Telephone # _____ Address, City, & zip _____

TYPE OF OPERATION PROPOSED

(refer to paragraph one on page one for explanations)

CHECK ONE Restaurant Retail Market

CHECK ONE new construction renovation operation change new food service
 floor layout alteration not operated in over a year

CHECK ONE risk level Level 1 Level 2 Level 3 Level 4

1) What is the **total** area to be used for the food service operation or retail food establishment in square footage? _____

2) List the location(s) for chemical storage and cleaning supplies.

3) List the location where employee personal items will be stored.

FLOOR LAYOUT / DRAWINGS

CRITERIA FOR FACILITY LAYOUT

The facility layout drawings shall be accurately drawn to a scale of 1/4 inch = 1 foot. Include **all sections of the premise** where the food service operation or retail food establishment is to be conducted. Number and identify all equipment.

INCLUDE ON THE DRAWINGS

- kitchens
- ware wash areas
- waste/refuse rooms
- indoor seating
- toilet facilities
- bars
- entrances and exits
- outdoor waste storage
- outdoor seating areas
- outdoor food prep areas such as grills, smokers, bars
- ALL plumbing fixtures such as hand sinks, prep sink, service/mop sink, etc.
- Reflected ceiling drawing of lighting, both natural and artificial.
- Site plan that includes:
 - Location of business in a building such as a shopping mall or stadium
 - Location of building of onsite including alleys, streets, and location of any outside support infrastructure such as a dumpster

LIGHTING REQUIREMENT

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 and ware washing areas; equipment and utensil storage. (3) At least fifty-foot candles in food prep areas.

I have read the above lighting requirement. The facility complies with this requirement.

Yes No Reason:

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.

Specify the type of material used for all the finishes. You may complete this table **OR** provide the information in another form.

Room	Floor Material/Finish	Base Material	Walls Material/Finish	Ceiling Material/Finish
Example: ware wash area; bar; kitchen; prep area	Example: Quarry tile/sealed	Example: Quarry tile; vinyl	Example: FRP/smooth; stainless steel	Example: Gypsum board/ painted smooth; VCT

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.

I have read the equipment requirement. All equipment complies with this requirement.
 Yes No Reason:

Submit equipment specification sheets for all equipment and plumbing fixtures. Include the manufacturer and model number.

If there is no specification sheet a visual inspection will determine if the equipment meets commercial design standards. *Note this may delay the licensing process.*

Submit specification sheets for custom equipment such as walk-ins.

YOU MAY USE THE FOLLOWING TABLE AS AN AID (USE ADDITIONAL SHEETS AS NECESSARY.)

ITEM # (on plans)	DESCRIPTION	MANUFACTURER	MODEL #	NEW(N) USED (U)

PLUMBING FIXTURES

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 **ware washing areas

(A hand sink should be located not more than 20 feet from any of the required locations)

I have read the above hand washing facility requirement.

There is a convenient hand sink in ALL food prep areas:

Yes No Reason:

There is a convenient hand sink in ALL food dispensing areas:

Yes No Reason:

There is a convenient hand sink in ALL ware wash areas:

Yes No Reason:

MANUAL WARE WASH SINKS

REQUIRED: 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.

PREP SINK The menu may dictate that a food prep sink is necessary. Is a prep sink present? Yes No

WASTE SINK(S)

- Coffee brewing and serving stations: Is there a separate sink for liquid waste?
Yes No If no, explain where the liquid waste will be dumped.
- Bars: What sink will be used for liquid waste? _____

WATER HEATER. NOTE that hot water shall be supplied at all times during operation to fixtures requiring hot water.

INSECT AND RODENT CONTROL

Check appropriate boxes.

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

Yes No Reason

2) If the windows or doors are kept open, is the opening protected against the entry of insects and rodents by:

- (a) Sixteen mesh to one inch (sixteen mesh to 25.4 millimeters) screens; OR
- (b) Properly designed and installed air curtains?

3) Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?

Yes No Reason:

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.

Outside

1. Will a dumpster be used? Yes Number _____ Size _____ No

2. Describe surface material where dumpster is /compactor is /garbage cans are stored.

CHECKLIST

Food Facility Review (FFR)

Restaurant & Retail Food Service Operations

Before submitting your packet use this check list to ensure your application is complete. Incomplete applications may cause a delay. Applications are processed first in, first reviewed. **CHECK ALL BOXES BELOW AND SIGN THAT ALL ITEMS ARE INCLUDED IN THE APPLICATION PACKET.**

- APPLICATION** Complete all sections of the Cincinnati Health Department FFR application.

- MENU** For a food service operation, a menu of all items that will be served in your food facility. For a retail food operation, (i.e. grocery store) a general list of food items to be sold, include self-serve beverages such as coffee, slushies, etc.

- FACILITY LAYOUT DRAWINGS All sections of the premise.** Refer to the comprehensive list on page three.

- EQUIPMENT SCHEDULE** Manufacturer specification sheets of all equipment, plumbing fixtures and custom made equipment.

- PERMIT REVIEW FEE** payable to - Treasurer, City of Cincinnati (check or money order accepted).

- SUBMIT THE APPLICATION** and all required information to:

Permit Center
805 Central Ave, Centennial II Suite 500
Cincinnati OH 45202

Applicant Signature _____ Date _____