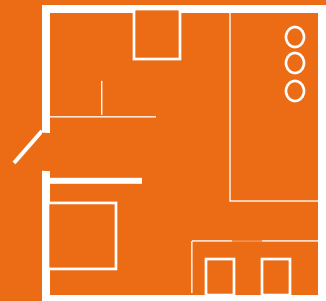




FOOD SERVICE OPERATION / RETAIL FOOD ESTABLISHMENT

PLAN REVIEW APPLICATION



Facility Layout & Equipment Specifications



Developed by the Food Protection
Program at Columbus Public Health

March 10, 2022

LICENSING

All retail food businesses in the City of Massillon are required to have a food service operation or retail food establishment license issued by the Massillon City Health Department (MCHD). If you plan to open a restaurant or retail food facility, remodel a facility, or change your license status (e.g. change of menu, equipment, or process), contact MCHD for any questions you may have in regard to plan approval or licensing. See the MCHD guide “**Starting a Food Business**” for more detailed information.

GETTING STARTED

All new retail food businesses and those performing extensive alterations or remodeling must complete the plan review process. Here we will walk you through all of the necessary steps to obtain a food service license from the Massillon City Health Department.

Step 1: Submit Plans (at least 30 days prior to construction)

Include the following:

- One (1) complete set of drawings of the facility
- Properly completed application (this document)
- Menu or list of food and beverage items to be sold
- Plan review fee, as determined by MCHD (list attached)

Step 2: Plan Review Process

- Within 30 days after plans and fee are submitted, MCHD will review the plans
- Plans may require additional information or changes – in this case, you will be contacted

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved
- Plan approvals not acted upon expire in one (1) year, unless the facility is under construction

Step 4: Construction

- Ensure that all contractors and sub-contractors are licensed, if necessary (check with the City of Massillon Building Department at 330-830-1724)
- Ensure that contractors obtain necessary permits through the Building Department
- Contact MCHD if you have questions or need a walk through inspection during construction

Step 5: Inspections

- **At least one Person in Charge (PIC) from each work shift must attend Level One training or above**
- Obtain signatures (sign offs) from all building inspectors before contacting MCHD for an opening inspection – arrange for this inspection once approval for a Certificate of Occupancy (or Partial Certificate of Occupancy, if applicable) has been given
- MCHD requires a minimum of two business days’ notice to schedule an inspection (based on volume, it may take up to a week). Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection, if necessary. Call 330-830-1795 to schedule the inspection.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

PLAN REVIEW COMPONENTS

The plans submitted to Massillon City Health Department must be legible, in English, and include the following information. Lack of complete information may delay plan approval and/or the opening of your business.

- Site plan
- Proposed Menu or list of food and beverage items (all facilities must submit this information)
- Facility Floor Plan, drawn to scale
- Location of entrances and exits
- Equipment list, including make & model numbers (Commercial equipment only – NSF, ETL, etc.)
- Include elevations or indicate installation of equipment (casters, legs, fixed/sealed)
- Basic plumbing drawings including the following:
 - Grease trap location
 - Show all indirect plumbing connections and floor drains and sinks
- Hand sinks available in food prep areas and restrooms
 - 3-compartment dish washing sink
 - Dish machine (indicate high or low temperature)
 - Food preparation / vegetable washing sink (must have indirect drain)
 - Utility sink / mop sink
- Interior Finish Schedule with materials for floors, walls, ceilings and coving (example included)
- Lighting Plan
- Ventilation Hoods
 - ANSI approved fire suppression systems over grease producing equipment
- Location of dry goods storage
- Location of chemical and personal belongings storage
- Designated area for garbage and grease dumpsters

Reminder: Please ensure all items have been marked as included (✓) or not applicable (N/A)

FOOD HANDLING PROCESS

Answer all questions that pertain to your facility or write N/A

Describe the methods of how hot foods will be held at 135° F or above: _____

Describe the methods of how hot foods will be rapidly cooled to 41° or below: _____

Describe how hot foods will be rapidly reheated to 165°F or above: _____

How will frozen foods be thawed (refrigeration, part of cooking process, etc.)? _____

Will fruits and vegetables be washed in the establishment, or will all fruits and vegetables be received pre-washed and precut? _____

How will bare-hand contact with ready-to-eat foods be avoided (gloves, tongs, utensils)? _____

Will there be any menu items that are served raw or undercooked? (If so, consumers must be advised of the increased risk of foodborne illness.) _____

Will you be providing catering services? Yes No *If yes, describe...*

Do you plan to prepare foods off-site? Yes No *If yes, describe...*

Will food be transported from your operation to other locations? Yes No
If yes, what equipment will be used to keep food at the proper temperatures during transport?

EDUCATION REQUIREMENT

Effective March 1, 2017, **ALL COMMERCIAL CLASS RISK LEVEL 3 & 4** Food Service Operations and Retail Food Establishments (the commercial class risk level is on the license) are required to have at least one MANAGER that is ServSafe Certified (or the equivalent), which provides a certificate from the Ohio Department of Health. They are also required to have at least one employee PER SHIFT that is certified in Basic Food Safety and Handling (Level 1 certification).

PLAN REVIEW SUBMISSION

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: **Massillon City Health Department**
111 Tremont Ave SW
Massillon, OH 44647

Phone: 330-830-1795
Fax: 330-830-1798
E-mail: bperkowski@massillonohio.gov

INTERIOR FINISHES

Use the following chart to indicate all interior finishes (unless already included in plans).

This information is included in plans submitted.

Room Name	Floors	Walls	Ceilings	Coving
<i>Example: Kitchen</i>	<i>Quarry tile</i>	<i>FRP</i>	<i>Vinyl acoustical tile</i>	<i>6" quarry tile</i>

All surfaces must be smooth and easily cleanable. Contact the Massillon City Health Department if you have questions regarding whether specific surfaces are approved for use in a food service operation.

FEE SCHEDULE (as of 1/1/2022)

Please make checks payable to the Massillon City Health Department

Plan Review – Food Service Operation - under 25,000 sq. ft. \$ 100.00
Plan Review – Food Service Operation - over 25,000 sq. ft. \$250.00
Expedited facility review charge (per request of operator, facility review will be expedited to less than 30 day review time allowed by Ohio Revised Code \$100.00

2022 FSO & RFE LICENSE FEES

Under (<)25,000 sq.ft

<u>Commercial Class Risk Level</u>	<u>License Fee</u>		<u>State Fee</u>		<u>TOTAL</u>
1	\$140	+	\$28	=	\$168
2	\$155	+	\$28	=	\$183
3	\$250	+	\$28	=	\$278
4	\$375	+	\$28	=	\$403

2022 FSO & RFE LICENSE FEES

Over (>)25,000 sq.ft.

<u>Commercial Class Risk Level</u>	<u>License Fee</u>		<u>State Fee</u>		<u>TOTAL</u>
1	\$200	+	\$28	=	\$228
2	\$210	+	\$28	=	\$238
3	\$630	+	\$28	=	\$658
4	\$690	+	\$28	=	\$718

PLAN REVIEW APPLICATION

CONTACT INFORMATION:

Food Facility Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of Operator (Owner): _____ Phone: _____

Contact for Plans: _____ Phone: _____

Business Name: _____ E-mail: _____

Address for approval letter: _____

City: _____ State: _____ Zip: _____

PLAN REVIEW TYPE:

- New Food Establishment**
- Remodel / Extensive alteration of Existing Food Establishment**
- Commercial Class Risk Level 1 (pre-packaged foods only)**
- Minor Remodel – no fee; prior approval from Massillon City Health Department required**

**If remodel, please describe briefly:*

Estimated Date Construction will Begin: _____

Estimated Opening Date: _____

TYPE OF ESTABLISHMENT (check all that apply):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Restaurant or Diner | <input type="checkbox"/> Bakery | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Meat / Fish Market | <input type="checkbox"/> Caterer | <input type="checkbox"/> Pizza Shop |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Diner / Café | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> School | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Bar | _____ |

INTERNAL USE ONLY:

Date received: _____ Received by: _____ Amount Paid: _____

Check No. _____ Receipt No. _____

