



310 S. Main St. · Bellefontaine, OH 43311  
 PH: 937.592.9040 · FX: 937.592.6746

**APPLICATION FOR FOOD SERVICE OPERATION PLAN REVIEW**

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

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

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

(if other than owner)

ADDRESS: \_\_\_\_\_

**OPERATION TYPE:**  COMMERCIAL  NONCOMMERCIAL **RISK LEVEL:**  1  2  3  4

CATERER  CHURCH  SCHOOL  HOSPITAL  MOBILE  VENDING  TEMPORARY

**REASON FOR REVIEW:**  NEW EQUIPMENT ONLY  MENU CHANGE ONLY

NEW CONSTRUCTION  ADDITION/EXPANSION  INTERIOR REMODEL/ALTERATION

**FOR CONSTRUCTION:** STARTING DATE \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

	Plan Review Fees	50% of Local License Fee
	Commercial/Non-commercial	
Level	< 25,000 sq ft	> 25,000 sq ft
1	\$80.00	\$117.00
2	\$91.00	\$123.00
3	\$175.00	\$442.00
4	\$223.00	\$469.00
<i>Revised</i>		<i>2/1/2019</i>

Office Use Only
Plan Fee _____
Date Paid _____
Receipt _____
Plan No. _____