



The City of

Alliance, OHIO, 44601

"The Carnation City"

HEALTH COMMISSIONER

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DEPARTMENT OF PUBLIC HEALTH
537 E. MARKET ST.

**APPLICATION FOR FOOD SERVICE/RETAIL FOOD ESTABLISHMENT FACILITY
PLAN REVIEW**

PLAN REVIEW FEE: ACTUAL SQUARE FOOTAGE _____

FSO/RFE UNDER 25,000 SQUARE FEET-\$50.00

FSO/RFE OVER 25,000 SQUARE FEET-\$150.00

RETURN TO: ALLIANCE CITY HEALTH DEPARTMENT
537 E. MARKET ST.
ALLIANCE, OHIO 44601-2514

LOCATION OF FACILITY: _____

NAME OF OWNER: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF RESPONSIBLE AGENT IF OTHER THAN OWNER: _____

CHECK MOST APPROPRIATE:

OPERATOR CONTRACTOR DESIGNER SUPPLIER

OTHER: (SPECIFY) _____

MAILING ADDRESS: _____

TELEPHONE: _____

BASIC FACILITY INFORMATION: NEW REMODEL CONVERSION

TYPE OF SERVICE: PROVIDE A DESCRIPTION OF THE BASIC TYPE OF FOOD AND BEVERAGE SERVICE AND NATURE OF OPERATION:

MENU INFORMATION: TYPE OF PRODUCTS INVOLVED, BASIC DELIVERY INFORMATION (SOURCES) OR ATTACH COPY OF MENU:

EMPLOYEE INVOLVEMENT: PROVIDE INFORMATION ON NUMBER AND CATEGORY OF WORKERS ANTICIPATED, TOTAL AND PER SHIFT.

PROJECTED SERVICE CAPACITY:

SEATING CAPACITY: _____ SERVICES: _____

OTHER: (SPECIFY) _____

CONSTRUCTION: ANTICIPATED START _____

COMPLETION _____

SIGNATURE OF APPLICANT: _____

DATE: _____