



HOCKING COUNTY HEALTH DEPARTMENT

350 State Route 664 North ~ Logan, Ohio 43138
Phone 740-385-3030 Fax 740-385-2252

Application for Plan Review Due to Change of Ownership

In accordance with Hocking County's Food Safety Plan Review Policy and Ohio Administrative Code (OAC) 3717-1, any food service operation or retail food establishment undergoing a **change of ownership** is required to submit plans for review and approval prior to beginning operations or any construction activities.

Instructions

This application is for **existing food establishments undergoing a change in ownership**. A new license must be approved by the **Local Health Department** before the new owner may begin operations. Licenses will no longer be eligible for transfer, therefore the new owner must apply for a new license.

All fields are required unless otherwise indicated.

Once the application is received and all applicable supporting information is submitted — including any **changes to the menu, equipment, or food sources** — The plans will be reviewed and either approved or a request for additional information will be sent. Once plans are approved, the owner may contact us to schedule a pre-licensing inspection of the facility.

Important: Operation under new ownership is **not permitted** until the new license has been issued and all required inspections have been completed.

The **plan review fee is 50% of the current local license fee** and must be submitted at the time of application. The cost of the license will be determined after the submitted plans have been reviewed.

Section 1: Establishment Information

- **Current Establishment Name:** _____
- **Establishment Address:** _____
- **City:** _____ **State:** _____ **ZIP:** _____
- **Establishment Phone Number:** _____
- **Facility Type:** ☐ FSO ☐ RFE
- **Facility Risk Level:** ☐ I ☐ II ☐ III ☐ IV

Section 2: Current (Previous) Owner Information

- **Owner Name or Business Entity:** _____
- **Contact Person (if applicable):** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Mailing Address (if different from establishment):** _____



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Section 3: New Owner Information

- **New Owner Name or Business Entity:** _____
- **Contact Person:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Mailing Address:** _____
- **Planned Date of Ownership Transfer:** ____ / ____ / ____
- **Will the establishment name change?** ☐ Yes ☐ No
If yes, new name: _____
- **Address of establishment/operation:** _____
- **Phone number of establishment/operation:** _____
- **Water Source:** Private _____ Public _____ Municipal _____
- **Sewage Treatment system:** Private _____ Public _____ Municipal _____
- **Will there be changes to the menu or food operations?** ☐ Yes ☐ No
If yes, please describe: _____
Any changes to the menu, equipment, food sources, or overall food operations must be clearly documented and submitted along with this application.

Please enclose the following documents:

- ☐ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside storage building and equipment including dumpsters, well, septic system if applicable.
- ☐ Plan drawn to scale of food facility showing the total area to be used for the operation, location of equipment, plumbing fixtures, electrical service, lighting schedule, mechanical ventilation system, and surface finishes of floors, walls and ceilings.
- ☐ Manufacturer specification sheets for each piece of equipment shown on the plan. Include make and model numbers and the certification for sanitation by an accredited food equipment testing agency (NSF, CSA or UL for sanitation).
- ☐ Proposed menu with food sources including seasonal, off-site and banquet menus.



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Section 4: Certification

PLAN REVIEW SUBMISSION: This application is complete and accurate to the best of my knowledge. I fully understand that any deviation without prior permission from the Hocking County Health Department may void the approval of the plans. I also understand that approval of these plans does not indicate the facility is ready to open. Application for a Food License with appropriate license fee must be submitted and a pre licensing inspection of the facility is required before opening. I must obtain the proper permits and approval from other regulatory agencies and the training certifications for food safety.

Hocking County Health Department does not have a grandfather clause for equipment. Facilities that change ownership are required to bring the facility up to current standards (OAC §3717-1-20(B)). Facilities that remodel and go through the plan review process are subject to facility updates to bring the facility up to current standards. I understand that incomplete plans may delay the plan approval process. I have carefully read the entire application. I am submitting a set of plans, a menu and the plan review fee. I understand it may take up to 30 days for review. A separate license fee will be collected prior to the pre-licensing inspection.

Signature _____

Date: _____

For Office Use Only (Do Not Write Below This Line)

Plan Review Type: <input type="checkbox"/> New Ownership	Category: <input type="checkbox"/> FSO <input type="checkbox"/> RFE
Risk Level:	Plan Review Fee:
Payment Type:	Receipt #
Date Received:	Received By:
Pre-Operational Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Review Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Licensing Inspection Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

Notes:

Food Safety Training

Level One

The new level of training, Level One Certification in Food Protection, is a mandated training for the person in charge per shift of a risk level I, II, III, and IV food service operation or retail food establishment in the following instances:

- When a new food service operation or a new retail food establishment is licensed after March 1, 2010 unless the individual has successfully completed an equivalent or more comprehensive certification in food protection course.
- When a food service operation or retail food establishment has been implicated in a foodborne disease outbreak.
- When the licensor has documented a failure to maintain sanitary conditions as per section 3717.29 of the Revised Code for a retail food establishment or section 3717.49 of the Revised Code for a food service operation.

Level Two

After March 1, 2017, Ohio Administrative Code (OAC) 3717-1-2.4(A) requires that all Risk Level Three or Four FSO/RFE must have at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service who is certified in Level Two Certification in Food Protection which is approved by Ohio Department of Health (such as ServSafe management).

For more information about Ohio Certifications, or for a list of the approved providers for the Level One and Level Two Certification in Food Protection Trainings, please visit the Ohio Department of Health website at:

<http://www.odh.ohio.gov/odhprograms/eh/foods/cert/cert.aspx>