



*Healthy Lifestyles, Healthy Community*

**ALLIANCE CITY HEALTH DEPARTMENT**

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

**Plan Review Fee: ACTUAL SQUARE FOOTAGE \_\_\_\_\_**

**Micro Market LINEAGE FOOTAGE \_\_\_\_\_**

**Food Service Operator/Retail Food Operator UNDER 25,000 SQUARE FEET-\$250.00**

**Food Service Operator/Retail Food Operator OVER 25,000 SQUARE FEET-\$500.00**

**Expedited Plan Review-Food Service/Retail Food Establishment – Additional \$150.00**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Food Service Operation or Retail Food Operation. (Circle)**

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

NAME OF FACILITY: \_\_\_\_\_

LOCATION OF FACILITY: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION & SIZE OF GREASE INTERCEPTOR/ TANK:

\_\_\_\_\_  
\_\_\_\_\_

PROVIDER: \_\_\_\_\_

F.O.G PROGRAM- CONTRACTED WITH: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level I Certification: Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level II Certification: Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

ODH Certification: Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*(Please provide a copy of ODH Certification with this packet)

PROJECTED SERVICE CAPACITY:

SEATING CAPACITY: \_\_\_\_\_ SERVICES: \_\_\_\_\_

OTHER: (SPECIFY) \_\_\_\_\_

CONSTRUCTION: ANTICIPATED START \_\_\_\_\_

OPENING DATE \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Note:**  
**Light levels measured in foot candles, equipment specifications, menu, dumpster location and proof of level one Basic Food Handler Course must be submitted with plans.**

Revised 1-16-2026