

(MOBILE)

# Application for a License to Conduct a:

(check only one)  Food Service Operation  
 Retail Food Establishment

### Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **PORTSMOUTH CITY HEALTH DEPARTMENT**
4. Return check and signed application by\*:  
to: **PORTSMOUTH CITY HEALTH DEPARTMENT**  
**605 WASHINGTON STREET**  
**PORTSMOUTH, OH 45662**

\* There is a mandatory penalty fee of 25% of the renewal fee operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		Email	
City		State	Zip
Phone #	Fax #	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

### Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address		Email	
City		State	Zip
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature		Date	

### Licenser to complete below

Category MOBILE			
License fee	+ Late fee	+ State amount	= Total amount due
69.00		28.00	97.00

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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As per AGR 1269 Rev. 08/09 CHC Software, Inc.  
As per HEA 5319 Rev. 08/09 CHC Software, Inc.

RECOMMENDED INSTRUCTIONS FOR COMPLETING PLANS

Fill in the following information:

1. Operation Name: \_\_\_\_\_  
Operation Address: \_\_\_\_\_  
Operation Phone: \_\_\_\_\_

2. Operator Name: \_\_\_\_\_  
Operator Address: \_\_\_\_\_  
Operator Phone: \_\_\_\_\_

3. Description of proposed operation (include description of activities such as delivering and catering if they apply):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List of proposed menu items (describe if you are calling a dish by an uncommon name):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. On grid paper, neatly and legibly drawn to scale (including a legend that denotes scale used) a detailed layout of your proposed establishment, including all of the following information:

- a) All areas of the establishment, including bathrooms, storerooms, dining area, etc... Label each room with a letter that corresponds to the provided Surface Finishes List.
- b) All entrances and exits.
- c) All plumbing fixtures and equipment, including shelving, tables, counters, appliances, light fixtures, etc.... Label each with a number that corresponds to the provided Equipment List.
- d) Plan of lighting: mark surfaces and rooms with foot candle levels. Use page 95 of the enclosed rules, to determine proper lighting values. (A foot candle is a system of measurement of light intensity, just as an inch is a system of measurement of length)
- e) Toxic substance storage, janitorial area, and inside/outside garbage storage.

6. Fill out the provided Equipment List. Number to correspond to your layout.

7. Fill out the provided Surface Finishes List. Letter to correspond to your layout.

8. Read and sign that you plan to comply with the following:

Unless sufficient space is provided for easy cleaning between, behind and above fixed equipment, the equipment shall be sealed to the adjoining equipment or adjacent walls or ceilings. Cove molding will be provided at wall/floor joints.

Floor mounted equipment, unless easily movable, shall be a) Sealed to the floor b) installed on a raised platform of sealed concrete or other smooth masonry or c) Elevated on legs to provide at least a 6-inch clearance between floor and equipment.

Exposed utility service lines and pipes should be installed in a way that does not obstruct or prevent cleaning of the wall and ceilings. Utility service lines and pipes should not be unnecessarily exposed on walls or ceilings in the food prep areas, equipment washing and utensil washing areas, toilet rooms and vestibules.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

MATERIALS/SURFACE FINISHES LIST

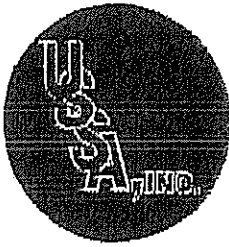
Fill in the following chart. Be as descriptive as possible regarding materials and finishes:

	Room Description	Walls	Floors	Ceilings
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
X				
Y				
Z				
AA				
BB				
CC				

# EQUIPMENT LIST

Fill in the following chart. Be as descriptive as possible regarding items without manufacturer/model numbers:

	Item Description	Manufacturer Name	Model Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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29			



**UNITED  
SCIOTO  
SENIOR  
ACTIVITIES, INC.**

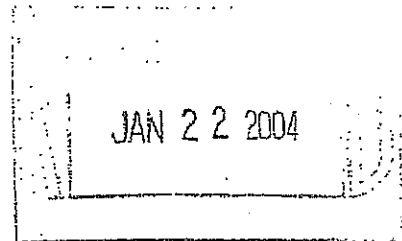
**P.O. BOX 597  
117-119 MARKET STREET  
PORTSMOUTH, OHIO 45662  
TELEPHONE (740) 354-6672  
FAX (740) 354-1891**

**DIRECTOR**

Renee' S. Ellis

January 20, 2004

City of Portsmouth  
Department of Health



### LETTER OF INTENT

The United Scioto Senior Activities, Inc. is applying for a food service license for the U.S.S.A., Inc. Adult Day Center located at 121 Market St., Portsmouth. Breakfast items such as cereal, juice, and milk will be available to clients. Lunches will be provided by the Scioto County Community Action Organization Senior Nutrition Program, located in the adjacent Senior Center. The CAO Kitchen is a licensed facility. Lunches will be carried into the Adult Day Center from the central kitchen through the adjoining door. Meals will be checked for temperature and a log maintained. An afternoon snack will be provided. Snack items include: cheese, crackers, fruit, pudding snacks, yogurt, etc. Coffee and beverages will be available during service hours, 8:00 a.m. to 4:30 p.m., Monday through Friday. As the existing appliances wear out, they will be replaced with commercial models. All equipment and the facility will be cleaned daily and kept in proper working condition. Temperature logs for the refrigerator will be maintained. All other pertinent guidelines of the Health Department will be complied with. All surfaces (walls, floors, counters, etc.) are cleanable and comply with Health Department regulations. The application for the food service license has been submitted, with all pertinent schedules attached.

If there are any questions, please contact me at (740) 354-6672.

Sincerely,

*Renee' S. Ellis*

Renee' S. Ellis  
Executive Director



CITY OF PORTSMOUTH  
HEALTH DEPARTMENT

605 WASHINGTON STREET  
PORTSMOUTH, OHIO 45662

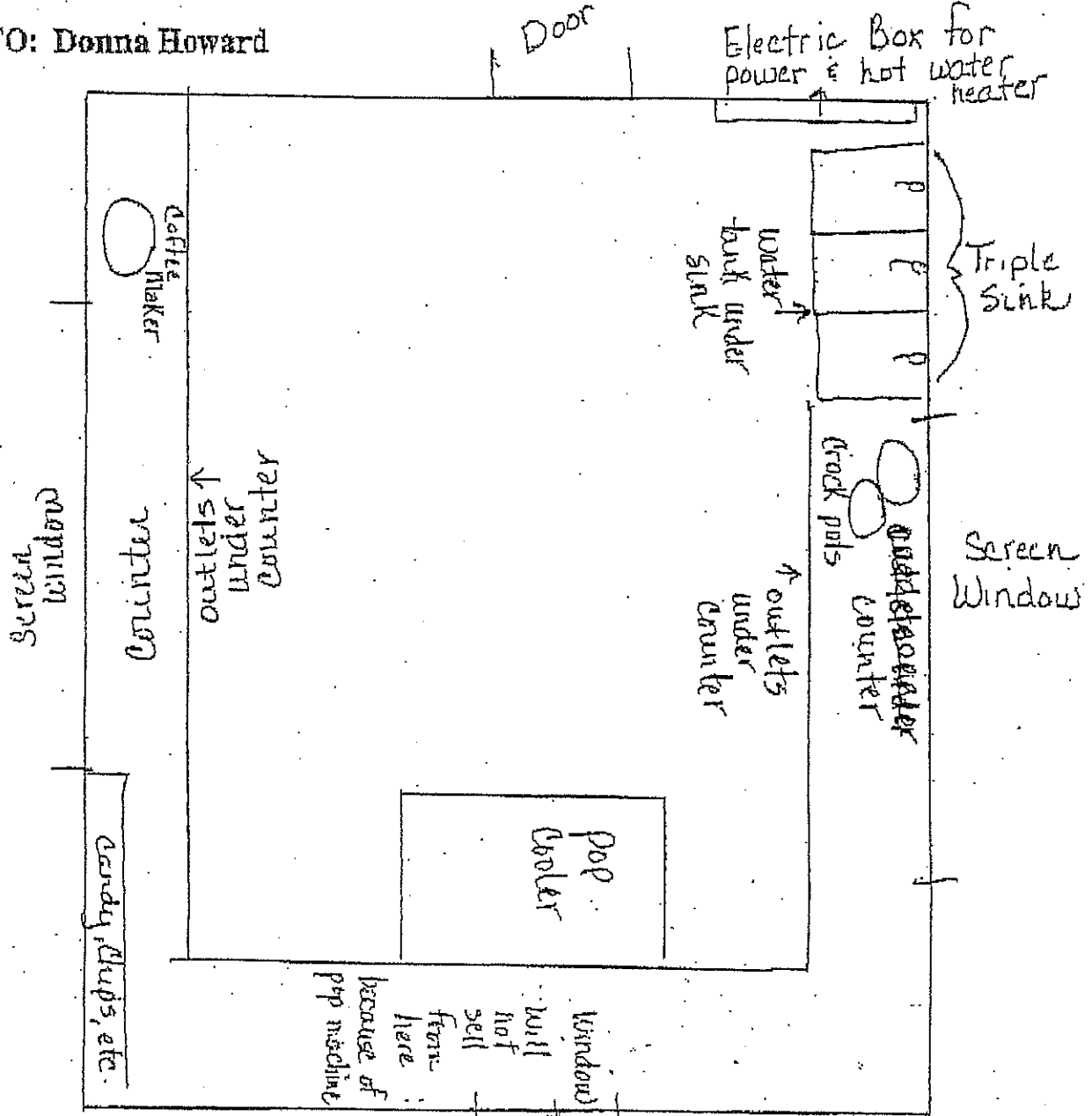
DONALD WALDEN  
HEALTH COMMISSIONER

DR. GEORGE PETTIT  
MEDICAL DIRECTOR

BOARD MEMBERS

Mayer Greg Bunker, President  
Raymond W. Carson, O.D., Ex. Pro Tem  
Atty. Richard L. Brantner  
Dean Atty  
Atty. John Thatcher

TO: Donna Howard



Administrative Office - (740) 355-7900 • Environmental Health - (740) 353-5153 • Vital Statistics - (740) 355-6819  
 Well Child Clinic - (740) 353-0552 • Women's Health Clinic - (740) 353-8863  
 Family & Teen Resource Center - (740) 353-6516 • HIV Education & Testing - (740) 353-7055  
 Rural Aids Advisory Office - (740) 353-2418 • Air Pollution - (740) 353-5156

Fax: 740-351-0654

