



NOBLE COUNTY

HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ Toll Free: 888-70-NOBLE ~ www.noblecohd.org

Food Service Plan Approval Application

Contact Information			
Food Facility Name:		Business Name:	
Address:	City:	State:	ZIP:
Phone:	Email:	Fax:	
Name of Operator (Owner):		Phone:	Email:
Contact for Plans:		Phone:	Email:
Address for Approval Letter:		Attention:	
City:	State:	ZIP:	
Plan Review Type			
New Food Establishment:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Description:			
Risk Category:			
If remodel, please describe briefly			
Timeline			
Estimated Date Construction Will Begin:			
Estimated Opening Date:			
Type of Establishment (check all that apply)			
Restaurant of Diner <input type="checkbox"/>	Bakery <input type="checkbox"/>	Child Care Facility <input type="checkbox"/>	
Meat/Fish Market <input type="checkbox"/>	Caterer <input type="checkbox"/>	Pizza Shop <input type="checkbox"/>	
Convenience Store <input type="checkbox"/>	Cafeteria <input type="checkbox"/>	Long Term Care <input type="checkbox"/>	
Coffee Shop <input type="checkbox"/>	School <input type="checkbox"/>	Grocery Store <input type="checkbox"/>	
Bar <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/>		
Building Details			
Total Square Footage:			
Water Supplier:		City:	
Sewage Disposal Company:		Semi-Public:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Semi-Public, is it Approved by	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Notes:			
Signatures:			
Signature of Applicant:		Date:	
Signature of Reviewer:		Date:	