**LICENSING**

All retail food businesses in the City of Columbus and Worthington are required to have a food service operation or retail food establishment license issued by Columbus Public Health (CPH). If you plan to open a retail food facility, contact CPH for any questions you may have in regard to plan approval or licensing. See the CPH guide ‘Starting a Micro Market’ for more detailed information. Go to http://www.publichealth.columbus.gov to access information about the CPH Food Protection Program.

**GETTING STARTED**

All new retail food businesses must complete the plan review process. Here we will walk you through all of the necessary steps to obtain a food service license from Columbus Public Health.

**Step 1: Submit Plans (at least 30 days prior to construction)**

Include the following:
- One (1) complete set of drawings of the facility
- Properly completed application (this document)
- Menu or list of food and beverage items to be sold
- Plan review fee

**Step 2: Plan Review Process**

- Within 30 days after plans and fee are submitted, CPH will review the plans.
- Plans may require additional information or changes – in this case, you will be contacted.

**Step 3: Plan Approval Process**

- A letter will be sent informing you that the plans have been approved.
- Plan approvals not acted upon expire in one (1) year, unless the facility is under construction.

**Step 4: Construction**

- Ensure that all contractors and sub-contractors are licensed, if necessary (check with City of Columbus Building Services at 645-7314).
- Ensure that contractors obtain necessary permits through Building Services.
- Contact CPH if you have questions or need a walk through inspection during construction.

**Step 5: Inspections**

- CPH requires a minimum of 2 business days’ notice to schedule an inspection (based on volume, it may take up to a week). Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary. Call 614-645-6191 to schedule the inspection.
- Once the appropriate license fee is paid and the opening inspection is completed by CPH, you will be able to open for business.

*PLEASE KEEP THIS PAGE FOR YOUR REFERENCE*
PLAN REVIEW APPLICATION

Contact Information

Food Facility Name: ________________________________

Address: ______________________________________ Phone: __________________

City: __________________________ State: ______ Zip: ______

Name of Operator (Owner): __________________________ Phone: __________________

Contact for Plans: __________________________ Phone: __________________

Business Name: __________________________ E-mail: __________________

Address for approval letter: ________________________________

City: __________________________ State: ______ Zip: ______

Construction & Opening Information

Parcel Id Number: ________________________________

Estimated Date Construction Will Begin: ________________

Estimated Opening Date: __________________________

Square Feet Devoted to Food: __________________________

Plan Review Components

The plans submitted to CPH must be legible, in English and include the following information. Lack of complete information may delay plan approval and/or the opening of your business.

Please make sure that the following are included:

☐ Site plan
☐ Proposed Menu or list of food and beverage items (*all facilities must submit)
☐ Facility Floor Plan, drawn to scale
☐ Location of entrances and exits
☐ Equipment list, include make & model numbers. (*Commercial equipment only – NSF, ETL, etc)
☐ Include elevations or indicate installation of equipment (casters, legs, fixed/sealed)
☐ Interior Finish Schedule with materials for floors, walls, ceilings and coving (example included)
☐ Lighting plan

Internal use only:

Date received ___________
Received by ___________
Amount paid ___________

AR# ________________
SR# ________________
IN# ________________
PE Code ________________
Plan Review # ___________
Use the following chart to indicate all interior finishes (unless already included in plans).

☐ This information is included in plans submitted.

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Floors</th>
<th>Walls</th>
<th>Ceilings</th>
<th>Coving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Kitchen</td>
<td>Quarry tile</td>
<td>FRP</td>
<td>Vinyl acoustical tile</td>
<td>6” quarry tile</td>
</tr>
</tbody>
</table>

All surfaces must be smooth and easily cleanable. Contact CPH if you have questions regarding whether specific surfaces are acceptable for use in a food service operation.
Please make checks payable to the Columbus City Treasurer.

**PLAN REVIEW FEES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro Market</td>
<td>$200.00</td>
</tr>
<tr>
<td>Expedited Plan Review</td>
<td>$1000.00 + plan review fee</td>
</tr>
</tbody>
</table>

*The plan review fee must be submitted with application.*

**LICENSE FEES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro Market</td>
<td>$274.00</td>
</tr>
</tbody>
</table>

*The license fee will be collected at the final inspection. Please do not send it to our office.*

**PLAN REVIEW SUBMISSION**

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. **I am submitting a set of plans, a menu and the appropriate plan approval fee.**

Signature of applicant: ___________________________ Date: _______________

**Submit Plans To:**
Columbus Public Health
Food Protection – Plan Review
240 Parsons Avenue
Columbus, Ohio 43215

**Questions?**
Phone: 614-645-6191
Fax: 614-645-7155