

Before submitting your packet use this check list to ensure your application is complete. Incomplete applications may cause a delay. Applications are processed first in, first reviewed. CHECK ALL BOXES BELOW AND SIGN THAT ALL ITEMS ARE INCLUDED IN THE APPLICATION PACKET. APPLICATION Complete all sections of the Cincinnati Health Department FFR application. **MENU** For a food service operation, a menu of all items that will be served in your food facility. For a retail food operation, (i.e. grocery store) a general list of food items to be sold, include self-serve beverages such as coffee, slushies, etc. FACILITY LAYOUT DRAWINGS All sections of the premise. Refer to the comprehensive list on page three. **EQUIPMENT SCHEDULE** Manufacturer specification sheets of all equipment, plumbing fixtures and custom made equipment. PERMIT REVIEW FEE payable to - Treasurer, City of Cincinnati (check or money order accepted). **SUBMIT THE APPLICATION IN PERSON** along with all required information to: Permit Center 805 Central Ave, Centennial II, Suite 500 Cincinnati, OH 45202

Date

Applicant Signature _____