



Meigs County Health Department
112 E. Memorial Dr., Suite A
Pomeroy, Ohio 45769
P: (740) 992-6626 F: (740) 992-0836
www.meigs-health.com



Vending Plan Review Submittal Packet-Food Safety Program

LICENSING

All food businesses in Meigs County are required to have a food service operation or retail food establishment license issued by Meigs County Health Department (MCHD). A vending machine food license is required if you sell food that requires temperature control (frozen, refrigerated, or hot food). A license is also required if the food is dispensed in an open container or cup, such as coffee, soda, soup, or hot chocolate. Machines selling hard candy or gumballs from a gumball machine do not require a license. Machines selling prepackaged, non-perishable food (chips, candy bars, packaged gum, etc.), or bottled/canned non-perishable drinks, such as bottled or canned soda, are also exempt from a vending machine food license. If you have any questions regarding plan approval or licensing, please contact the Food Safety Program at 740-992-6626, or by emailing elizabeth.fisher@meigs-health.com.

GETTING STARTED

Ohio Law requires that every food operator be licensed prior to operating.

STEPS FOR SUBMITTING A PLAN REVIEW:

STEP 1 -SUBMITTAL OF PLANS

- Complete and submit the attached "Plan Review Application"
- NOTE: Your application should be submitted at least 30 days prior to installation.

STEP 2 - PLAN REVIEW AND APPROVAL BY MCHD

- Your application and information submitted will be reviewed by our department within 30 days upon receipt.
- A letter will be mailed informing you of any additional information or changes that are required to meet code requirements, if any.

STEP 3-INSPECTION

- Prior to operating your machine, it must be inspected by MCHD.
- If the equipment meets code requirements at the time of pre-licensing inspection, it will be approved to operate once a completed application and the corresponding fee is received (see Schedule of Fees).

NOTE: MCHD will make all attempts to accommodate your timeline for the final inspection, but please plan in advance and contact us at least 1 week ahead of your desired inspection date. Call 740-992-6626 to schedule an appointment.



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Today's Date _____

Anticipated Installation Date _____

Anticipated Opening Date _____

Square Footage Devoted to Food _____

| | | |
|--|----------|---|
| Check one: <input type="checkbox"/> New Installation | | |
| Location Name | | |
| Location Street Address | | |
| City | Zip Code | Within Village Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Contact Information

| | | | |
|----------------------|-------|---------------------|--|
| Vending Company Name | | License Holder Name | |
| Street address | | | |
| City | State | Zip Code | |
| Phone Number | Cell | Fax | |
| Email | | | |
| Signature | | | |

For Office Use Only

| | | |
|---|-------------------------------------|---|
| Paid by | | |
| Date | Check # | Receipt # |
| Sanitarian | | |
| <input type="checkbox"/> FSO Letter | <input type="checkbox"/> RFE Letter | <input type="checkbox"/> Remodel Letter |
| <input type="checkbox"/> Additional Info Needed | | |



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Equipment List:

Provide the following information for all equipment you will be using in your facility. All equipment must be commercial grade and certified by an approved agency such as NSF.

Use back of form if additional space is needed.

| EQUIPMENT DESCRIPTION | MANUFACTURER | MODEL NUMBER | PLUMBING REQUIRED |
|--------------------------|-----------------------|--------------|-------------------|
| Example: Vending Machine | ABC Manufacturing Co. | A-I 11-11 | Yes or No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Do all reach in refrigerators have easily readable thermometers inside? _____

Do all dispensing machines have thermometers to show temperature inside unit? _____

Do all dispensing machines have controls to prevent food from being dispensed if the temperature stays in the danger zone for a specific amount of time? _____

MENU: List all foods and beverages to be served

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Equipment Requirements:

- 1, A list of all food equipment with the manufacturer and model numbers listed. All food equipment should be approved for commercial use by a testing agency such as NSF or UL.
- 2, All vending machines and reach in cooler units must have a working thermometer and must maintain 41 degrees or less.
- 3, Machines with attached drains must have air gap in drain line.
- 4, Machines with water line hook up must have back flow prevention.
- 5, Dispensing machines must have fail safe equipment to prevent dispensing foods that have spent too much time in the danger zone during events such as equipment malfunction or power outages.

Food Requirements:

- 1, Foods must be within the product expiration or use-by date.
- 2, Foods prepared by facility must be sold or discarded by the 7th day after preparation.
- 3, Foods must be dispensed in original containers.
- 4, Fresh fruit with edible peels must be washed and wrapped before putting in machine.

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, menu, and the plan review fee.

Signature of applicant _____ Date _____

Submit Plans to:

Meigs County Health Department
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Questions:

Elizabeth Fisher
740-992-6626
elizabeth.fisher@meigs-health.com