

**Elyria City Health District**  
**Application for Food Service/Retail Food Establishment Plan Review**  
(to be submitted along with plans and review fee of \$108.00)

**Name of proposed operation:** \_\_\_\_\_

**Address of proposed operation:** \_\_\_\_\_

**Owner's name:** \_\_\_\_\_

**Owner's address:** \_\_\_\_\_

**Owner's city/state/zip:** \_\_\_\_\_

**Owner's phone:** \_\_\_\_\_

**Author of plans:** \_\_\_\_\_

**Address of author:** \_\_\_\_\_

**Author's city/state/zip:** \_\_\_\_\_

**Author's phone:** \_\_\_\_\_

Please refer to the Elyria City Health District food service/retail food establishment plan submittal checklist for items required to be shown on plans per the Ohio Food Code.

Per the Ohio Food Code, the Elyria City Health District has up to 30 days from date of submittal to approve or disapprove plans. We will contact you in writing once plans have been reviewed.

*Make checks payable to: Elyria City Health District*

*Submit all information to: Elyria City Health District  
202 Chestnut St.  
Elyria, Ohio 44035*