

# Application for a License to Conduct a Vending Machine Location

## Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application **by\***:

**to:**

\*There is a mandatory penalty fee of 25% of the renewal fee for operating a vending machine location after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Vending company		
Phone # (      )	Fax # (      )	E-mail
Address		
City	State	ZIP

Location name	Location address (include City and ZIP)	LHD use only	
		Audit number	License number

<i>I hereby certify that I am the license holder, or the authorized representative, of the vending machine location(s) indicated above.</i>	
Signature	Date

### Licensors to complete below

License fee	+ Late fee	+ State amount	= Total amount due
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	page	of
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## **VENDING FACILITY LAYOUT AND EQUIPMENT SPECIFICATION REVIEW**

Ohio Law requires that food service operations/vending machine locations be licensed prior to operating. Ohio Law also requires that plans for installation, construction or remodeling be submitted and approved by Summit County Public Health.

Written approval, disapproval, or a request for additional information will occur within **30 days** of receipt of the plans.

Submit a completed application for Vending Facility plan review, including all items listed on the checklist on the following page:

Summit County Public Health  
Attn: Building C Food Safety  
1867 West Market Street  
Akron, Ohio 44313

If any of the plan requirements need clarification, please call our office at 330-926-5600 and ask to speak with a plan reviewer.

The license or permit will not be issued until all food plan requirements are completed and a pre-opening inspection shows that you are in compliance with the Ohio Uniform Food Safety Code.

**Please schedule this inspection at least 10 days in advance or your target opening date.**

When applicable, before requesting the pre-opening inspection (for licensing), be sure that your operation has passed all your other final applicable inspections (e.g. fire, building, etc.). You must submit written documentation that all of these inspections have been completed and passed before a license will be issued.

The application for the license will be available at the pre-opening inspection if the inspection is successfully passed. The license fee must be paid at this time. We accept checks, money orders, and credit card (fee + processing fee) payments.

**Checklist of items required to be submitted with a plan review application:**

- A facility layout, including equipment specifications. These specifications shall be legible and be drawn reasonably to scale.
- A list of foods to be sold.
- The number/type of machines located in the vending area.
- The portion(s) of the premises in which the food service operation/vending area is to be located including entrances and exits – please show where in the building the vending area is located.
- A site plan of the property - a drawing or satellite view of the facility showing the streets, a north arrow, where the vending location is within the building, handsink/restroom location(s), mop/service sink location(s), and the facilities dumpster/trash location(s).
- The location, number and types of plumbing fixtures, including all water supply facilities if applicable (location of sinks, water supply lines, waste water lines, mop sink/service sink and restrooms).
- A lighting plan.
- A floor plan showing the general layout of fixtures and other equipment.
- The building materials and surface finishes to be used.
- An equipment list with equipment manufacturer’s name and model numbers.

**\*Make sure all questions/sections of this application are properly filled in. Failure to properly complete the application or supply all required information may lead to delays in the review of your submittal.**

Only commercial food equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1 (LL) of the administrative code.

Examples of acceptable testing agency symbols:



Summit County Public Health may place restrictions or conditions on a license limiting the types of food that may be prepared or served by the food service operation or retail food establishment based on the equipment or facilities of the food service operation or retail food establishment. Limitations shall be posted on the back of the license.

# Summit County Public Health Food Safety Program Vending Plan Review Application

Official Use Only	
Amount Received: _____	
<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order
<input type="checkbox"/> Credit Card (Authorization # _____)	
New _____ Remodel _____	
Received by: _____	

## FACILITY INFORMATION

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

City, Village, Township: \_\_\_\_\_

Phone Number (if available): \_\_\_\_\_

## LICENSEE INFORMATION

Name of Operator/Owner/Company: \_\_\_\_\_

Name of Parent Company/Owner (if applicable): \_\_\_\_\_

Mailing Address for License Renewal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (for plan review approval response): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Total number of vending machines this location: \_\_\_\_; Hot \_\_\_\_; Cold \_\_\_\_; Snack \_\_\_\_;

Anticipated date for installation/construction: \_\_\_\_\_

New installation/New location:  Yes  No      Renovation/Remodel of your existing location:  Yes  No

Vending Facilities are a Food Service Operation because they pose potential risk to the public in terms of sanitation, food labeling, and sources of food, storage practices, and expiration dates.

**EXTENSIVE ALTERATION/RENOVATION/RELOCATION OF AN EXISTING FOOD SERVICE OPERATION/VENDING LOCATION REQUIRES THE SUBMISSION OF PLANS.**

Please answer all the questions in the first column and return form with plans <b>FOOD PROTECTION AND STORAGE</b>	<b>SHOWN ON PLANS</b>	<b>PRESENT ON FINAL</b>
<p>Will the display units offering time/temperature controlled for safety (TCS) foods have an automatic control that prevents the equipment from opening if:</p> <p>a.) There is a power failure, mechanical failure, or other condition that results in an internal equipment temperature that cannot maintain food temperatures as specified under rule 3717-1-03.4 of the Administrative code? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b.) And, a condition, as specified above, until the equipment is serviced and restocked with food that has been maintained at temperatures under rule 3717-1-.03.4 of the Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Will each refrigerator or freezer have a thermometer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Will each refrigeration unit, holding TCS product, hold these products at 41 degrees Fahrenheit or less? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will each hot holding unit, holding TCS product, hold these products at 135 degrees Fahrenheit or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will the automatic shut-off within the display, when activated, prevent the ambient temperature to exceed 41 degrees Fahrenheit (5 degrees Celsius) for more than thirty minutes immediately after the display is filled, serviced, or restocked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will the automatic shut-off within the display, of a hot holding vending machine, not permit the ambient temperature to be less than one hundred thirty-five degrees Fahrenheit (fifty-seven degrees Celsius) for more than one hundred twenty minutes immediately after the machine is filled, serviced, or restocked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will vending machines designed to store beverages that are packaged in containers made from paper products be equipped with diversion devices and retention pans or drains for container leakage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will vending machines that dispense liquid food in bulk or bulk water machines be:</p> <p>(a) Provided with an internally mounted waste receptacle for the collection of drip, spillage, overflow, or other internal wastes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(b) Equipped with an automatic shutoff device that will place the machine out of operation before the waste receptacle overflows. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>NOTE: Other than as required above a refuse receptacle is not permitted within a vending machine.</p>		
<p>Will all vending display units offering TCS food be equipped with a self-closing door? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will vending machine or bulk water machine doors and access opening covers to food and container storage spaces be tight-fitting so that the space along the entire interface between the doors or covers and the cabinet of the machine, if the doors or covers are in a closed position, be no greater than one-sixteenth inch or 1.5 millimeters by:</p> <p>(a) Being covered with louvers, screens, or materials that provide an equivalent opening of not greater than one-sixteenth inch or 1.5 millimeters? (Screening of twelve or more mesh to one inch (2.5 centimeters) meets this requirement) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(b) Be effectively gasketed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(c) Have interface surfaces that are at least one-half inch or thirteen millimeters wide? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(d) Have Jambs or surfaces used to form an L-shaped entry path to the interface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		
<p>Will vending machine or bulk water machine service connection openings, through an exterior wall of a machine, be closed by sealants, clamps, or grommets so that the openings are no larger than one-sixteenth inch or 1.5 millimeters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>		

	SHOWN ON PLANS	PRESENT ON FINAL
Will, except when dry cleaning methods are used, the surfaces of utensils and equipment contacting food that is not time/temperature controlled for safety be cleaned: (a) At a frequency specified by the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If located outside, will a machine used to vend food be provided with overhead protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will metal stem type thermometers with a range of (0- 220°F) be available to the staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will the facility have secondary cold storage units for back up stock on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will containers of food be stored at least 6 inches above the floor on NSF or similarly approved storage/dunnage racks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>EQUIPMENT/UTENSILS</b>		
Will all equipment and utensils be listed by a recognized equipment-testing agency (such as NAMA, NSF) for commercial use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the required equipment list with the manufacturer's name and model number enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
To provide for easy cleaning; will equipment be installed with casters <input type="checkbox"/> , a seal at the wall and floor <input type="checkbox"/> , or sufficient open space <input type="checkbox"/> ?		
<b>PLUMBING</b>		
Will all plumbing work be done under permit from the plumbing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will the required mop sink/service sink be provided/made available for use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the required mop hanger be provided at the mop sink? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the mop sink is located in the vending area will there be a partition to protect food and equipment from splash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will the potable water supply be protected from cross-contamination - equipment with water connection (e.g. coffee maker) has backflow protection installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will all equipment drain lines, exposed utility service lines and soda/beer lines be installed so as not to interfere with floor cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>WATER SUPPLY AND SEWAGE DISPOSAL</b>		
Will your water be provided by a public authority <input type="checkbox"/> or a private water system <input type="checkbox"/> ? If a private water system, attach the Ohio EPA private water system documentation.		
Is the building connected to a municipal sewer <input type="checkbox"/> or private disposal system <input type="checkbox"/> ? If a private system, attach the Ohio EPA approval documentation		
<b>HANDWASHING FACILITIES</b>		
Will there be a conveniently located hand washing sink equipped with hand drying facilities, waste receptacles, mixing hot/cold faucet, and water under pressure at a temperature not exceeding 120 degrees Fahrenheit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>REFUSE STORAGE AND DISPOSAL</b>		
Will all the outdoor refuse receptacles be placed on the required graded and paved surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will all the indoor and outdoor refuse receptacles have the required lids? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ROOM FINISHES					SHOWN ON PLANS	PRESENT ON FINAL
All room surface finishes on floors, walls and ceilings in areas where sinks, areas subject to food splash, drink dispensing areas, and mop sinks/service sinks are required to be durable, smooth, easily cleanable and impermeable to water. FRP, tile, stainless steel or other similar materials (with prior approval by the health department), is needed. These finishes must start at the top of the cove base and extend past any of the above referenced areas a minimum of 18 inches in all directions. Will your facility be in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Complete the schedule showing the finish materials used, where applicable</b>						
Area	Floor	Walls	Coved Base	Ceiling		
Vending Area						
Dry Storage						
Cold Storage						
Other						
<b>LIGHTING</b>						
Will at least 20 foot-candles of light be provided at: Consumer self-service areas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Inside equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Areas used for handwashing, equipment storage, and in toilet rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Will at least 10 foot-candles of light be provided at: Dry storage areas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A All areas when cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Will the required shielding or shatter-resistant lamps be provided for light fixtures in equipment holding food? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>MISCELLANEOUS</b>						
Is the required list of foods to be sold enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will all toxic chemicals be stored away from food display and storage areas? <input type="checkbox"/> Yes <input type="checkbox"/> No Where will cleaning tools be stored?						
Will all exterior market doors be self-closing and tight fitting? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will all openings to the exterior be designed to keep out rodents and insects? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will all insect control devices used to electrocute or stun flying insects be designed to retain the insect within the device as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Is the required site plan enclosed with the materials submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**HAVE YOU FILLED OUT ALL SECTIONS OF THIS APPLICATION?**