



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

APPLICATION FOR FACILITY LAYOUT AND EQUIPMENT REVIEW

Fee: \$200 for New Kitchen Facility - \$100 for Existing Kitchen Facility

Return completed application and corresponding fee to the Health Department at the above address.

Operation Information

Name of Operation			
Location of Operation -- Street/Road Address	City	State	Zip Code
Mailing Address, if different -- Street/Road Address	City	State	Zip Code

Owner Information

Name	Phone Number		
Mailing Address -- Street/Road Address	City	State	Zip Code

Responsible Individual

Name	Phone Number		
Mailing Address -- Street/Road Address	City	State	Zip Code

Authorized Representative (If other than owner)

Name	Phone Number		
Mailing Address -- Street/Road Address	City	State	
Check most appropriate box <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Operator <input type="checkbox"/> Other _____			

Plans represent: New Construction Remodeling/Alteration Addition/Expansion

Projected Total Seating Capacity: Regular Seating _____ Banquet Seating _____

Construction Plans: Anticipated Start Date _____ Anticipated Completion Date _____

For Office Use Only

Date Plans Received	Check #	Receipt #	By
<input type="checkbox"/> Approval <input type="checkbox"/> Denied	Date	Sanitarian	