



Hancock Public Health

Hancock Public Health Department
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Findlay, Ohio 45840
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Public Health
Prevent. Promote. Protect.

FINAL APPROVAL SIGN OFF SHEET

Name of Owner and/or Manager: _____

Address of Facility: _____

PRIOR TO ISSUANCE OF AN OHIO FOOD SERVICE LICENSE, WRITTEN APPROVAL MUST FIRST BE OBTAINED FROM THE FOLLOWING:

State of Ohio Building Inspections:

Plumbing Signed _____ Date _____

Building Signed _____ Date _____

Heating (As Applicable) Signed _____ Date _____

Electrical (As Applicable) Signed _____ Date _____

Ventilation (As Applicable) Signed _____ Date _____

(Hood)

Comments _____

Fire Department Signed _____ Date _____

Jurisdiction _____