



# Hancock Public Health

Hancock Public Health Department  
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Findlay, Ohio 45840  
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## 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 Signed \_\_\_\_\_ Date \_\_\_\_\_

Electrical Signed \_\_\_\_\_ Date \_\_\_\_\_

Ventilation Signed \_\_\_\_\_ Date \_\_\_\_\_

(Hood)

Comments \_\_\_\_\_  
\_\_\_\_\_

Fire Department Signed \_\_\_\_\_ Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_