

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 99081

DATE ISSUED: 04-06-99

ISSUED BY: BND

JOB LOCATION: 428 WELSTED ST

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: SWARY, JON

AGENT: N/A

ADDRESS: 428 WELSTED ST

ADDRESS:

CSZ: NAPOLEON, OH 43545

CSZ:

PHONE: 419-592-5999

PHONE:

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

HOME OCCUPATION ACCORDING
TO EXHIBIT A ATTACHED

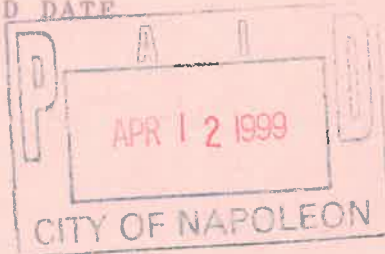
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

ZONING PERMIT

25.00



TOTAL FEES DUE 25.00

4-9-99

DATE

Jon M. Swary
APPLICANT SIGNATURE

Exhibit A

Attachment to Zoning permit 99081

To: Brent N. Damman

From: J + L Snacks

This business is a one man operation. The business consists of delivering meat and peanut snacks to convenience stores in the Northwest Ohio area using one cargo van as transportation. The van will be parked in owner's garage when not in use. Also, the garage will be used for the storage of the inventory of snacks. UPS will be making 6-8 deliveries per month to the owner's residence

428 Welsted

Napoleon, Ohio 43545

Jon M. Swary

Jon m. Swary

592-5999

Description of Business to acquire permit.

104 E. Washington St.
Suite 302, Hahn Center
Napoleon, Ohio 43545

**Henry County Health
Department**

Phone: 419-599-5545
Fax: 419-599-1714

Fax

To: Burt Damon From: Jon Lindsay
 Fax: 599-8393 Date: 3-29-99
 Phone: 592-4010 Pages: 1
 Re: Swany Snacks CC:

- Urgent For Review Please Comment Please Reply Please Recycle

•Comments: Talked to Mr. Swany, All food prepackaged. Contacted
Mr. Murray at Ohio Dept. of Agriculture (614)-728-6250 about
a possible ODA license. He told me that ODA will have authority
to license Mr. Swany. I gave them Mr. Swany's phone and
address for follow-up. Any questions let me know

IF YOU DO NOT RECEIVE ALL THE PAGES OR A COPY IS ILLEGIBLE, PLEASE CALL
 (419) 599-5545 AND ASK FOR THE PERSON LISTED ABOVE.

J. 04



City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

Fax Transmission

Mayor
Donald M. Stange

To: Jon Lindsay
Fax Number: 599-1714

Members of Council
Michael J. DeWit, President
Terri A. Williams
James Hershberger
Travis B. Sheaffer
Char Weber
David F. Miller, Jr.
Glenn A. Miller

Number of Pages, Including Cover Page: 2
From: Burt Danner
Date: 3-29-99 Time: 3-29-99

City Manager
Dr. Jon A. Bisher

Operator: _____

Finance Director
Gregory J. Heath

Comments:

Law Director
David M. Grahm

City Engineer
Adam C. Hoff, P.E.

Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.

Main Commodity Code 47
 Type 02 ID CTY 35 Num New
 Lic # _____ Exp Date _____

OHIO DEPARTMENT OF AGRICULTURE
 DIVISION OF FOOD SAFETY
 Reynoldsburg, Ohio 43068
 614-728-6250

Samples Y N
 Photos Y N
 Priority 1 2

Other Commodities
 Code _____
 Type _____
 Lic # _____
 Exp-date _____

INSPECTION REPORT

Date Last Inspection New

(S) Satisfactory, (U) Unsatisfactory,
 (X) Does not apply, (R) Remarks

Violations? Y N
 1-Rodents 7-Sanitation
 2-Insects 8-Structure
 3-Birds 9-Contamination
 4-Labeling A-Infestation
 5-Disaster B-Adulteration
 6-Personnel C-Other

Date Inspected 03/31/99
 Type Inspection 1-ODA 2-FDA
 (also check one below)
 1-Routine 3-Compliance 5-Other
 2-Limited 4-Complaint
 Check if: New Firm Out-of-Business Change in name,
 address or telephone

Notice? Y N Days _____
 Embargo? Y N
 Voluntary Destruction? Y N
 Description _____
 Sanitary Laws Posted? Y N

Firm J & L Snacks Address 428 Walsted
 City Napoleon State Ohio Zip 43545 Phone 419-592-5999

PLANT & PREMISES:	S	U	X	R	STORAGE	S	U	X	R
1. CONSTRUCTION	✓				13. PALLETIZING	✓			
2. LOCATION & SURROUNDINGS	✓				14. DRY STORAGE	✓			
3. DOCK AREA	✓				15. ROTATION OF PRODUCTS	✓			
LOCKER & RESTROOMS:					GENERAL CLEANING:				
4. FLOORS, WALLS & CEILING	✓				16. CLEANING SUPPLIES	✓			
5. DOORS, WINDOWS & VENTILATION	✓				17. SANITIZING AGENTS	✓			
6. FACILITIES	✓				GENERAL:				
PROCESSING:					18. PESTS & PEST CONTROL	✓			
7. FLOORS, WALLS & CEILING				✓	19. EMPLOYEES	✓			
8. EQUIPMENT & VENTILATION				✓	LABELING:				
9. LIGHTING	✓				20. RAW PRODUCTS	✓			
10. WASTE DISPOSAL & WATER	✓				21. FINISHED PRODUCT & WTS.	✓			
REFRIGERATION & TEMPERATURES:					SALES AREA:				
11. HOLDING & STORAGE & CHILL				✓	22. DISPLAY CASES & FLOORS				✓
12. FREEZING				✓	23. FOOD DISPLAY & SHELVES				✓

REMARKS: No violations found during this inspection
left copy of sanitary inspection regulations

AUTHORIZED FIRM SIGNATURE [Signature] TITLE co-owner INSPECTOR Peter G. Weber RD