

GENERAL FACT SHEET

07-100

BILL NUMBER

BRIEF TITLE
LMC 8.20 Lincoln Food Code

APPROVAL DEADLINE

REASON
Ordinance needs to be updated for
consistency with Nebraska Pure Food Act.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>The State Legislature approved an update of the Nebraska Pure Food Act during the 2007 session. The main change is that the 2005 version of the FDA Food Code will be adopted as the basis for the Nebraska Pure Food Act. In order to keep LMC 8.20 The Lincoln Food Code consistent with the Nebraska Pure Food Act, action needs to be taken by the City Council to update the local ordinance.</p>	Sponsor	Board of Health Health Department
	Program Departments, or Groups Affected	All regulated food establishments
	Applicants/ Proponents	Applicant Bruce D. Dart, Ph.D. Health Director City Department Health Other Board of Health, Food Advisory Committee
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	Groups or Individuals None identified Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY Board of Health <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <u>Updated code is needed to maintain consistency with the Nebraska Pure Food Act.</u> _____ _____		
	OPERATIONAL IMPACT ASSESSMENT	N/A. _____ _____ _____		
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project:		\$ 0
		COST of this Ordinance/Resolution		\$ 0
		RELATED annual operating Costs		\$ 0
		INCREASE REVENUE EXPECTED/YEAR		\$ 0
SOURCE OF FUNDS	CITY [Approximately]			
		\$ _____	% _____	
		\$ _____	% _____	
		\$ _____	% _____	
	NON CITY [Approximately]			
		\$ _____	% _____	
	\$ _____	% _____		
	\$ _____	% _____		
BENEFIT COST				
<input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot		Average Assessment \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, REHS, MS, Manager, Environmental Public Health Division

REVIEW BY:

REFERENCE NUMBER