

_____ APPLICATION FOR LICENSE TO CONDUCT A: (check only one) Food Service Operation Retail Food Establishment

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to : ASHTABULA COUNTY HEALTH DEPT. for \$117.00
4. Return check and signed application by

ASHTABULA COUNTY HEALTH DEPARTMENT
 to: 12 WEST JEFFERSON STREET
 JEFFERSON OH 44047-

MOBILE

* There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before the license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address (including city, state, zip)			
Phone #		Fax #	
Check if applicable <input type="checkbox"/> Catering		<input type="checkbox"/> Seasonal	
		<input checked="" type="radio"/> Private Water Supply <input checked="" type="radio"/> Public Water Supply <input checked="" type="radio"/> Both	
Name of Individual certified in food protection(if any) and their certificate number (use back for additional names)			

Mailing Address for Annual renewal if different than above:

Name of Parent Company or Owner		Phone #	
Address (include city, state, zip)			
I HERE BY CERTIFY THAT I AM THE LICENSE HOLDER, OR AUTHORIZED REPRESENTATIVE, OF THE FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT INDICATED ABOVE.			
Signed:		Date:	

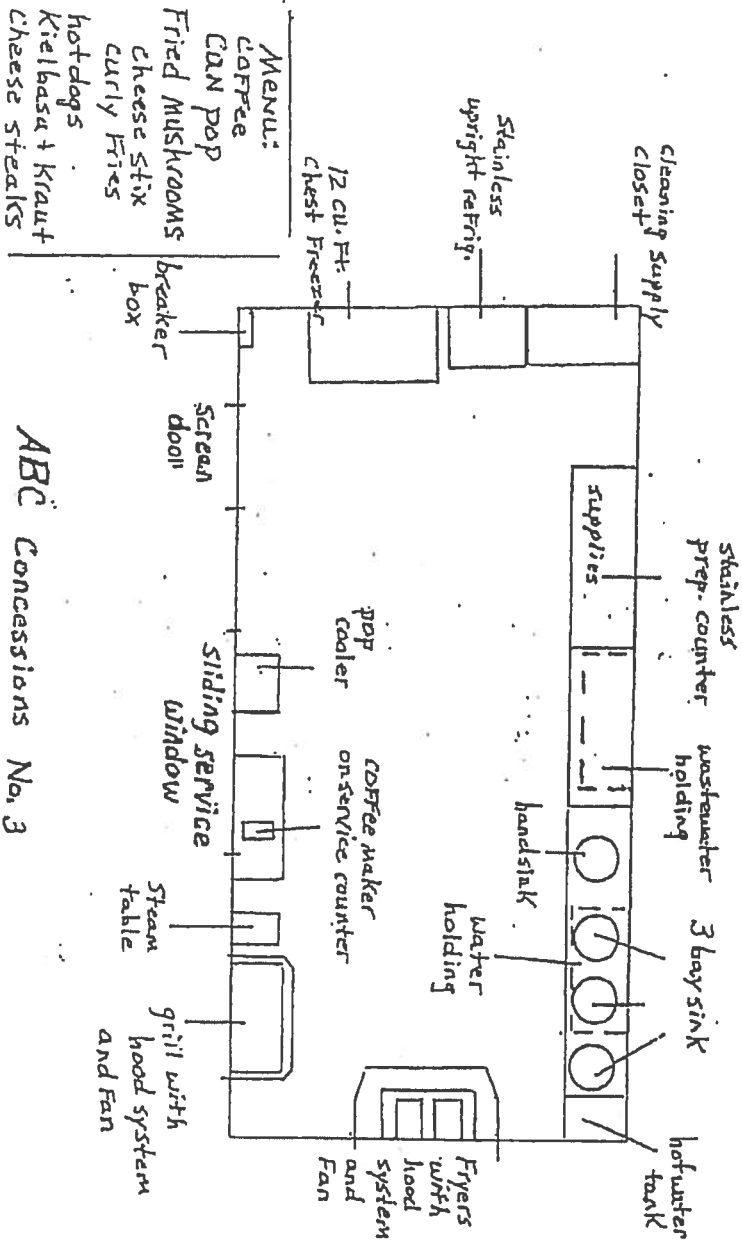
LICENSOR TO COMPLETE BELOW

Category Mobile					
License Fee	+ State Fee	+ Water Fee	+ FZN Dessert Fee	+ Late Fee	Total Amt Due
(\$89.00	+ \$28.00	+ \$0.00	+ \$0.00	+ \$0.00) = \$117.00

APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE OHIO REVISED CODE:

BY: _____ DATE: _____ AUDIT No.: _____ LICENSE No.: _____

EXAMPLE OF FLOOR PLAN FOR A MOBILE FOOD SERVICE OPERATION



ABC Concessions No. 3

TYPE OF FOOD TO BE PREPARED AND/OR SERVED: Provide a copy of the menu

MOBILE EQUIPMENT LIST

All new, used and existing equipment must be of a type approved by the Ashtabula County Health Department.

ITEM/EQUIPMENT	MANUFACTURER	MODEL #	SERIAL #
_____;	_____;	_____;	_____
_____;	_____;	_____;	_____
_____;	_____;	_____;	_____
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_____;	_____;	_____;	_____
_____;	_____;	_____;	_____
_____;	_____;	_____;	_____

This food service data sheet must be submitted with the detailed plans. If more space is needed for the equipment list, please copy this sheet.