

Application for a License to Conduct a Temporary: (check only one)

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application to:

- Food Service Operation
 Retail Food Establishment

Ashtabula County Health Department
12 West Jefferson Street
Jefferson, Ohio 44047-1096

Before 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 a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility		
Location of event		
Address of event		
City		State
		ZIP
Start date	End date	Operation time(s)
Name of license holder		Phone number
Address of license holder		
City		State
		ZIP
List all foods being served/sold		

I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:

Signature	Date

Licensors to complete below

Valid date(s)	License fee

Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no