

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 W. Jefferson Street
Jefferson, OH 44047

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.



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

Telephone: 440.576.6010
Fax: 440.576.5527

Jay Becker, M.P.H.
Health Commissioner

Operation Name: _____

Name of Operator: _____

Address of Operator: _____

Phone Number: _____

Source of Food: _____

List menu items and/or attach proposed menu: _____

How will food be prepared on site? _____

How will foods be held hot? (Above 135° F) _____

How will foods be held cold? (Below 41° F) _____

What type of hand washing facility will be used by employees?

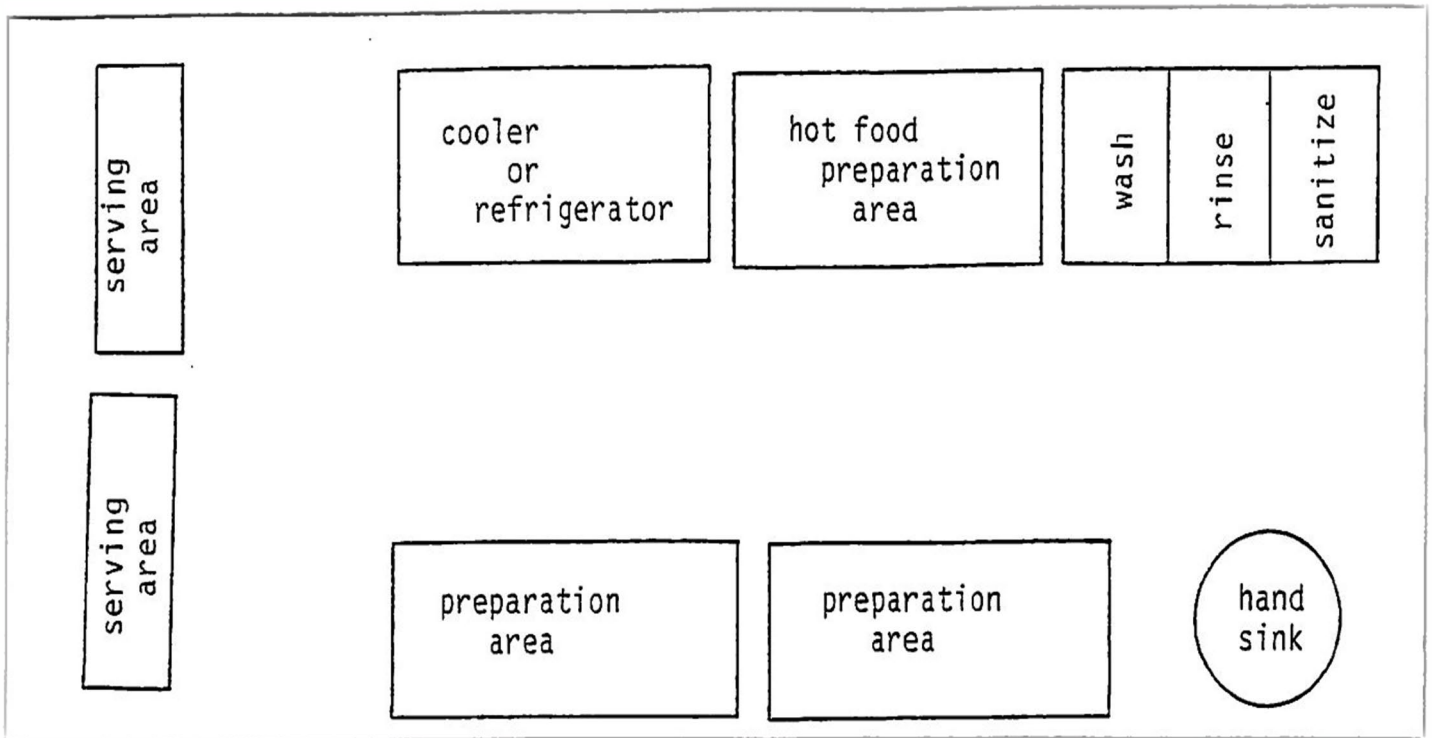
How will equipment and utensils be cleaned and sanitized?

How will food on display be protected from contamination?

Please see back of page for example of a floor plan.
A drawing of your floor plan and a menu is also required.

**Equal Provider of Services
Equal Opportunity Employer**

Example of floor plan



**BELOW MAKE A DETAILED DRAWING OF YOUR FLOOR PLAN AND INCLUDE MENU.
SHOW ALL EQUIPMENT, SUPPORT FACILITIES AND SERVING AREAS.**