

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: Ashtabula County Health Department
4. Return check and signed application to:

- Food Service Operation
 Retail Food Establishment

*Ashtabula Co. Health Dept.
 12 West Jefferson St.
 Jefferson, Oh. 44047
 Ph. 440-576-6010*

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. |

TEMPORARY FOOD SERVICE INFORMATION
ASHTABULA COUNTY HEALTH DEPARTMENT

Operation Name: _____

Name of Operator: _____

Address of Operator: _____

Phone Number: _____

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)

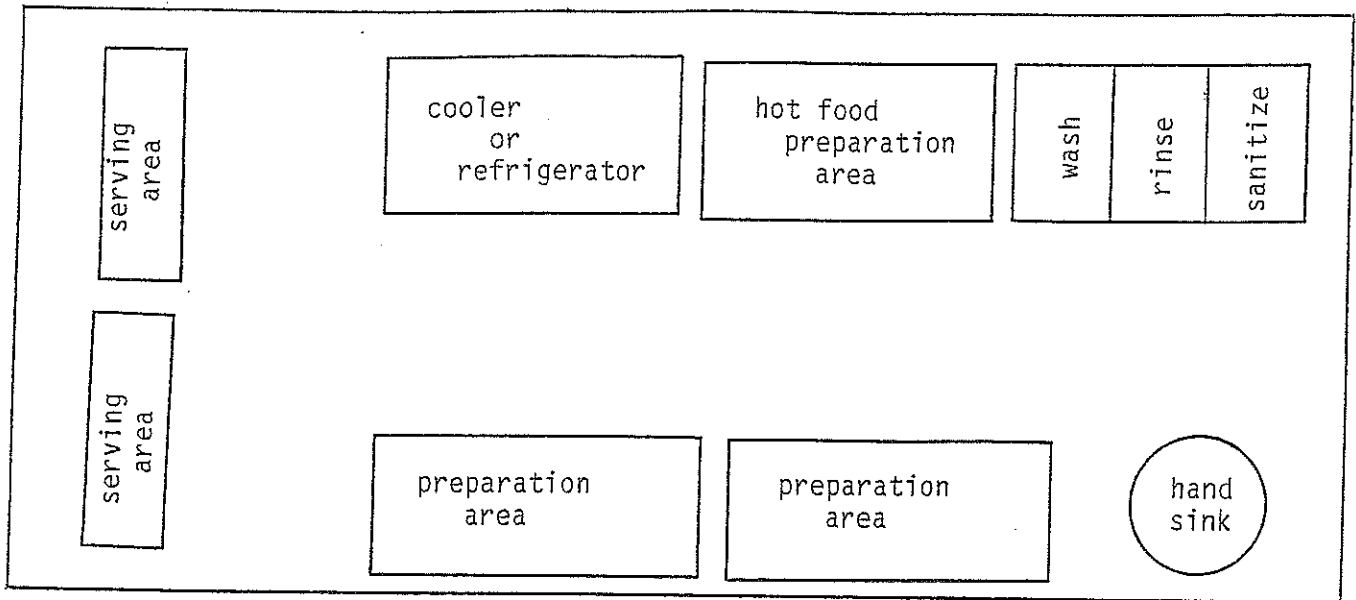
What type of hand washing facility will be used by employees?

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.

Example of floor plan



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