

# 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

**DCGHD**

**Defiance County General Health District  
 1300 E. Second St., Ste.100  
 Defiance, OH 43512  
 (Phone: 419-784-3818)**

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	Email
Start date	End date	Operational time(s)	
Name of license holder			Phone number
Address of license holder			
City	State	Zip	Email
List all foods to be 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
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### Licensors to complete below

Valid date(s)	License fee: <b>\$50.00 per event</b>
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

**Please take notice: No home produced foods will be permitted unless they comply with cottage foods regulations or have a home baker's license from the Ohio Department of Agriculture. All foods must be prepared and/or cooked on site or in a licensed facility.**

Designate the person-in-charge of food safety: \_\_\_\_\_

List each food/food ingredient to be offered for sale	List sources where food ingredients will be purchased	List cold holding food units to maintain temperatures of 41°	List cooking units (crock pots can only be used for hot holding – not cooking or heating)
		<input type="checkbox"/> Mechanical refrigeration <input type="checkbox"/> Chest cooler with ice <input type="checkbox"/> Other	<input type="checkbox"/> Electric roaster or skillet <input type="checkbox"/> Grill - <input type="checkbox"/> Gas - <input type="checkbox"/> Charcoal <input type="checkbox"/> Stove - <input type="checkbox"/> Gas - <input type="checkbox"/> Electric <input type="checkbox"/> Microwave <input type="checkbox"/> Other

Will any foods be prepared at another location?  Yes  No If yes, where will they be prepared:

How will food temperatures be monitored?

How will foods be protected from contamination by the consumer?  Food will be in closed containers  Sneeze Guards  Separation from customer service area  Other

What handwashing facilities will be available?

How will warm water be supplied for hand / utensil washing?

How will bare hand contact with ready-to-eat foods be prevented?  disposable gloves  spoons  tongs  
 deli tissue  other

What will be the water supply for the event?

How will wastewater be disposed of?

How will garbage and refuse be disposed of?

What flooring material be used?  vinyl floor  concrete  asphalt  other \_\_\_\_\_

**Overhead floor plan** – show equipment, lighting, tables, hand wash station and serving areas.