

APPLICATION TO CONDUCT A TEMPORARY FOOD SERVICE OPERATION

INSTRUCTIONS:

1. Complete the applicable section.
2. Sign and date the application.
3. Make a check or money order payable to:

4. Return check and signed application to:

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

Name of Temporary Food Service Operation:		
Location of Event:		
Address of Event (including city):		
Date(s) of Event:	Operation Time(s):	
Name of Operator/Licensee:		Phone Number:
Operator/Licensee Address:		
City:	State:	Zip Code:
List all foods being served:		
<p>I HEREBY CERTIFY THAT I AM THE OPERATOR, OR AUTHORIZED REPRESENTATIVE, OF THE TEMPORARY FOOD SERVICE OPERATION INDICATED ABOVE.</p> <p>Signature: _____ Date: _____</p>		

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Valid Date (s):	License Fee:
APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE REVISED CODE	
BY: _____ DATE: _____ AUDIT No.: _____ LICENSE No.: _____	

PREBLE COUNTY GENERAL HEALTH DISTRICT

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www.pcghd.net



Public Health
Prevent. Promote. Protect.
Preble County

Erik Balster MPH, REHS, RS, Health Commissioner

TEMPORARY FOOD SERVICE LAYOUT AND LETTER OF INTENT AS REQUIRED BY CHAPTER 3717-1-09 OF THE OHIO ADMINISTRATIVE CODE -To be submitted to Health Department with application and fee-

The following are the only foods that will be prepared and/or served at the above temporary food service operation, along with their sources (where purchased/obtained)*:
(example: Food: shredded chicken - Source: grocery store, canned)

Food 1: _____ Source: _____

Food 2: _____ Source: _____

Food 3: _____ Source: _____

Food 4: _____ Source: _____

Food 5: _____ Source: _____

Food 6: _____ Source: _____

Food 7: _____ Source: _____

Food 8: _____ Source: _____

Food 9: _____ Source: _____

Food 10: _____ Source: _____

Beverages: _____

*Please list additional foods and their sources on the back of this page.

All foods and drinks (and their raw ingredients) prepared and/or served at the above temporary food operation must be obtained from another facility already inspected by a local or state health department, or by the Department of Agriculture. This does not apply to whole, unprocessed homegrown fruits and vegetables (except mushrooms). **All preparation of the foods and drinks must take place at either one of the above inspected facilities, or at the licensed event itself. Absolutely NO food can be prepared at home except the following: non-perishable baked goods (cakes, cookies, breads), jam, jelly, fruit butter, or candy. As used in this paragraph, "prepared" means any action that affects a food other than receiving or maintaining it at the temperature at which it was received. **Foods improperly obtained or prepared according to the above requirements may be subject to embargo or destruction by the licensor.**

Please list below what equipment will be used for cooking and to keep potentially hazardous food at or above 135°F, or at below 41°F (including during transport, if applicable):

Hot Hold/Cooking Equipment:

Cold Hold Equipment:

Please state from where you will obtain clean water: _____

Please list below what facilities are available for hand-washing (warm, running water is required):

Will the operation take place indoors or outdoors? _____ If outdoors, what will be used as overhead protection from the elements and what type of ground covering will be used?

Please list below any other equipment or support facilities that will be used at the temporary food operation:

**Please be sure to read the "Temporary Food Operations Sanitation Guidelines and Checklist" for additional requirements and information regarding your operation.
Food safety is everyone's responsibility!!**

Below, please supply a drawing of the food operation layout (sample on back). At a minimum, be sure to include:

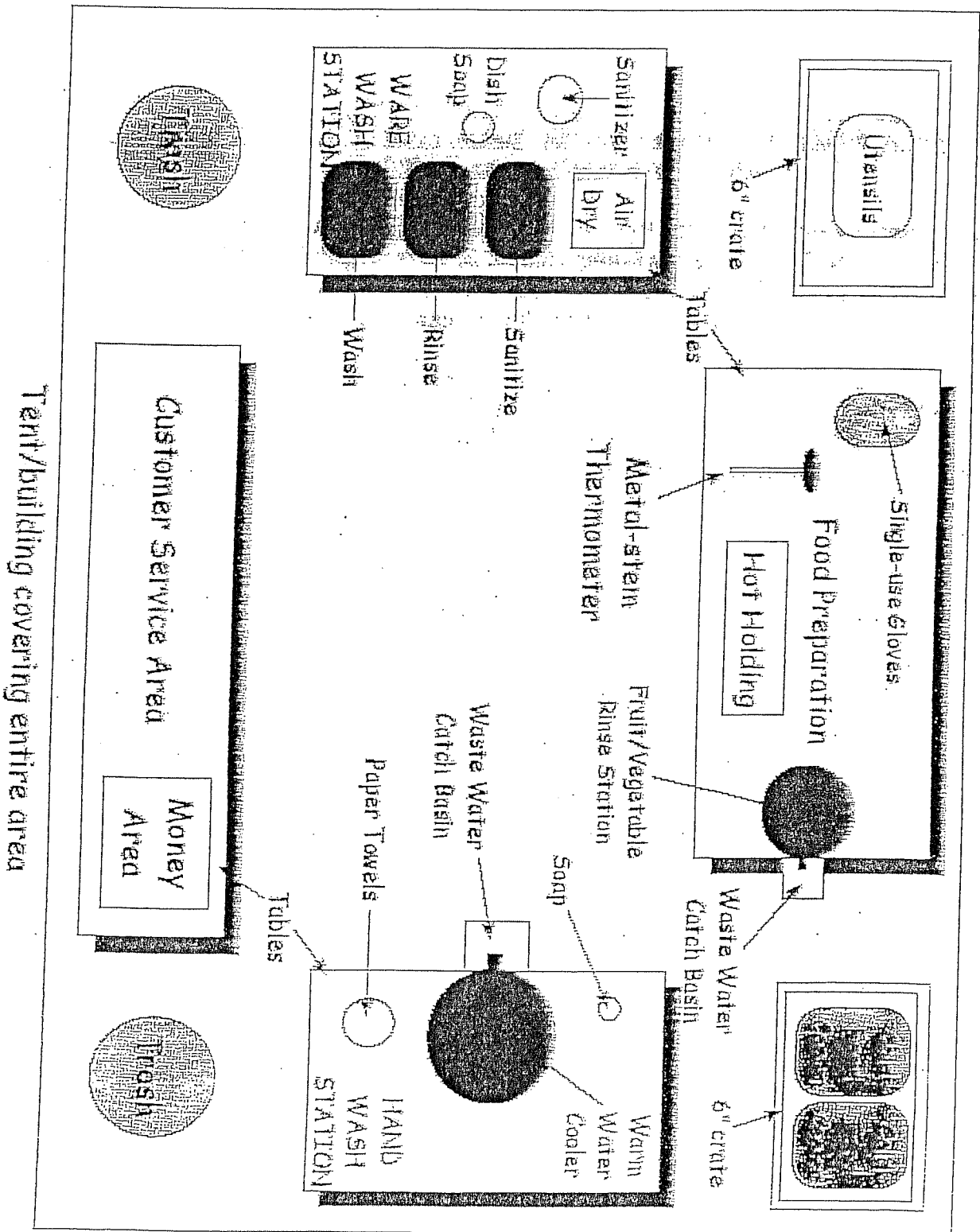
- | | |
|---------------------------------------|--|
| 1. Hand washing station | 5. Hot & cold holding equipment |
| 2. Ware washing station | 6. Waste containers |
| 3. Food preparation areas | 7. Fruit/vegetable rinse station |
| 4. Cooking/reheating equipment | (if applicable) |
| | 8. Customer service area |

**I hereby certify that I am the operator or authorized representative of the above described temporary food service operation, and all information given above regarding the food service operation is true to the best of my knowledge. I also certify that I have read, understand, and agree to abide by all requirements and guidelines in the accompanying "Temporary Food Service Operation Requirements and Checklist", and will ensure that all other persons-in-charge of the herein-stated food service operation read, understand, and agree to abide by the same.

Signature _____ Date _____

Printed name _____ Phone _____

SAMPLE DRAWING/LAYOUT



Tent/building covering entire area