Application for a License to Conduct a Temporary: (check only one) ☐ Food Service Operation Instructions: ☐ Retail Food Establishment 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: Return check and signed application to: Preble County Public Health \$30 per day 615 Hillcrest Dr. Eaton, OH 45320 Attn: Food Program 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 State ZIP City End date Operation time(s) Start date Name of license holder Phone number Address of license holder ZIP State City 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 Licensor to complete below Valid date(s) License fee: Application approved for license as required by Chapter 3717 of the Ohio Revised Code. Ву License no. Audit no.

PREBLE COUNTY GENERAL HEALTH DISTRICT



615 Hillcrest Drive ● Eaton, OH 45320 Phone (937) 472-0087 ● Fax (937) 456-6382 www.preblecountyhealth.org

Josh Lucas MHA, REHS, Health Commissioner

Name of Organizer:		_	
Organizer's phone number:		_	
Organizer's email:		_	
Time of set up:		_	
The following are the <u>only</u> foods talong with their sources (where page) (Example: Food: shredded chicke	ourchased/obtained)*:	erved at the above temporary food se	rvice operation,
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:		
Food10:	Source:		
Beverages:			_

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):

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

^{**} Food shall be obtained from approved source. No food preparation shall occur at an unapproved facility, (eg. Your home) Absolutely NO food can be prepared at home except the following: non-perishable baked goods (cakes, cookies, breads), jam, jelly, fruit butter, or candy.

Hot Hold/Cooking Equipment:
Cold Hold Equipment:
Please state from where you will obtain potable water:
How will hands be washed?
Will the operation take place indoors or outdoors? If outdoors, what will be used as overhead protection from the elements?
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. It is possible that your temporary will not be permitted to operate if these items are not set up onsite during inspection. At a minimum, be sure to include:

- 1. Hand washing station
- 2. Ware washing station
- 3. Food preparation areas
- 4. Cooking/reheating equipment

- 5. Hot & cold holding equipment
- 6. Waste containers
- 7. Fruit/vegetable rinse station (if applicable)
- 8. Customer service area

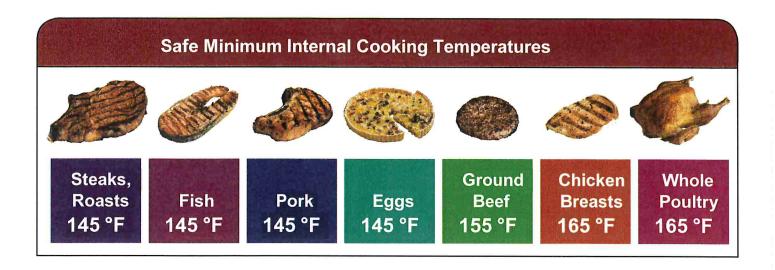
** THIS TEMPORARY IS ONLY GOOD FOR 5 CONSECUTIVE DAYS **

Submit a booth floor plan drawing with placement of the following minimum requirements.

FOOD BOOTH FLOOR PLAN:	
Remotily-correct sharp and a size startly specifical removal and a startly of the	
**I hereby certify that I am the c	operator or authorized representative of the above described
emporary food service operation, and a	all information given above regarding the food service operation is t
	tify that I have read, understand, and agree to abide by all ompanying "Temporary Food Service Operation Requirements and
	r persons-in-charge of the herein-stated food service operation read
nderstand, and agree to abide by the s	ame.
gnature	Date
rinted name	Phone

Temporary Food Service Checklist

	Completed application and payment for temporary license.
Hand	lwashing, Cleaning and Sanitizing
	Handwashing supplies present (container with spigot, warm water, soap, paper towels, and catch basin).
	Supplies for 3 compartment sinks (wash, rinse, sanitize and testing strips).
	Wash, rinse and sanitize food contact surfaces every 4 hours after use.
	Sanitizer levels sufficient (Bleach >50ppm, Quat >200ppm, appropriate test strips provided).
Food	and Temperatures
	Hot food holding at or above 135°F.
	Cold food holding at or below 41°F (Adequate ice supply for coolers).
	Provide probing food thermometer that is calibrated. (Range of 0-220°F).
	No reusing and/or reheating of leftover food.
	Ensure proper temperature control only (TIME IN LIEU OF TEMPERATURE IS NOT ALLOWED).
	Ensure you have access to plenty of ice if using for temperature control.
	Food and single service items protected from customer contamination (use sneeze guards, lids, overwrap etc. where needed).
	Food is from an approved source. (No preparing food at home).
	All food and food contact items stored off ground.
<u>Cont</u>	amination Prevention
	Bare hand contact barriers provided (use gloves, utensils, deli paper, etc.).
	Hair restraints provided (hairnet, ballcap, ponytail, etc.).
	Good hygiene (no smoking, no eating, washing hands after handling money, etc.).
	No one is working while sick or with open cuts on hands unless covered or gloved.
<u>Wate</u>	er and Waste
	Food grade hoses to connect to water supply.
	Have a plan for waste water disposal



Sample Drawing

