Application for a License to Conduct a Temporary: (check only one)

☒ **Food Service Operation**
☐ **Retail Food Establishment**

Instruction:

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: UNION COUNTY HEALTH DEPARTMENT
4. Return check and signed application to: UNION COUNTY HEALTH DEPARTMENT
940 LONDON AVENUE
MARYSVILLE, OH 43040

Before the 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): to
Name of license holder:		Phone number:
Address of License holder		
City	State	Zip
List all foods being served/sold		

I herby 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: 60.00

Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

As Per AGR 1271 (Rev. 11/00) CHC Software, Inc.
As Per HEA 5331 (Rev. 11/00) CHC Software, Inc.

UNION COUNTY
HEALTH DEPARTMENT

940 London Avenue
Suite 1100
Marysville, Ohio 43040

Administration
Environmental Health
Vital Statistics
(937) 642-2053
Fax: (937) 645-3047

Health Education
(937) 642-2053

Help Me Grow
(937) 642-6911

Nursing
(937) 642-0801
Fax: (937) 642-1568

Toll Free
1.888.333.9461

www.uchd.net

Martin Tremmel, RS, MPA
Health Commissioner

BOARD OF HEALTH

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Mr. James "Al" Channell
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Mr. Eric Milholland

Dr. Erin Harris

Our mission is to protect the health, safety, and well being of all Union County residents by providing quality public health services.

An equal opportunity employer/provider

PLEASE PROVIDE THE HEALTH DEPARMENT WITH THE FOLLOWING WRITTEN INFORMATION:

Organization Name: _____

Organization Address: _____

Chairman's Name: _____ **Chairman's Address:** _____

Organization Phone: _____ **Chairman's Phone:** _____

Date Food Is To Be Prepared: _____ **Time Food Is To Be Sold:** _____

Location Where Food Is To be Prepared & Served: _____

COMPLETE Listing of every food offered for sale (including liquid refreshment):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Provide detailed explanation of how all hot foods will be kept at 135°F or above:

_____

_____

_____

Provide detailed explanation of how all cold foods will be kept at 41°F or below:

_____

_____

_____

(No readily perishable foods will be allowed to remain in the 45°F to 135°F range.)

Provide complete explanation of how people working at sale site will wash their hands:

_____

_____

_____

Explain how you will wash and sanitize dishes and utensils using thee vats:

_____

_____

_____

List all equipment to be used at sale site for preparation and/or holding food items:

_____

_____

_____

Explain completely how all food is to be protected from contamination (sneezing, coughing, etc.) Example: wrapping baked items individually in plastic wrap, locating all food for sale away from possible contamination by consumer, etc.:

_____

_____

_____

Explain how all serving and eating utensils are to be stored prior to and during serving:

_____

_____

_____

Explain how all waste items (including food and materials) will be removed from the site:

_____

_____

_____

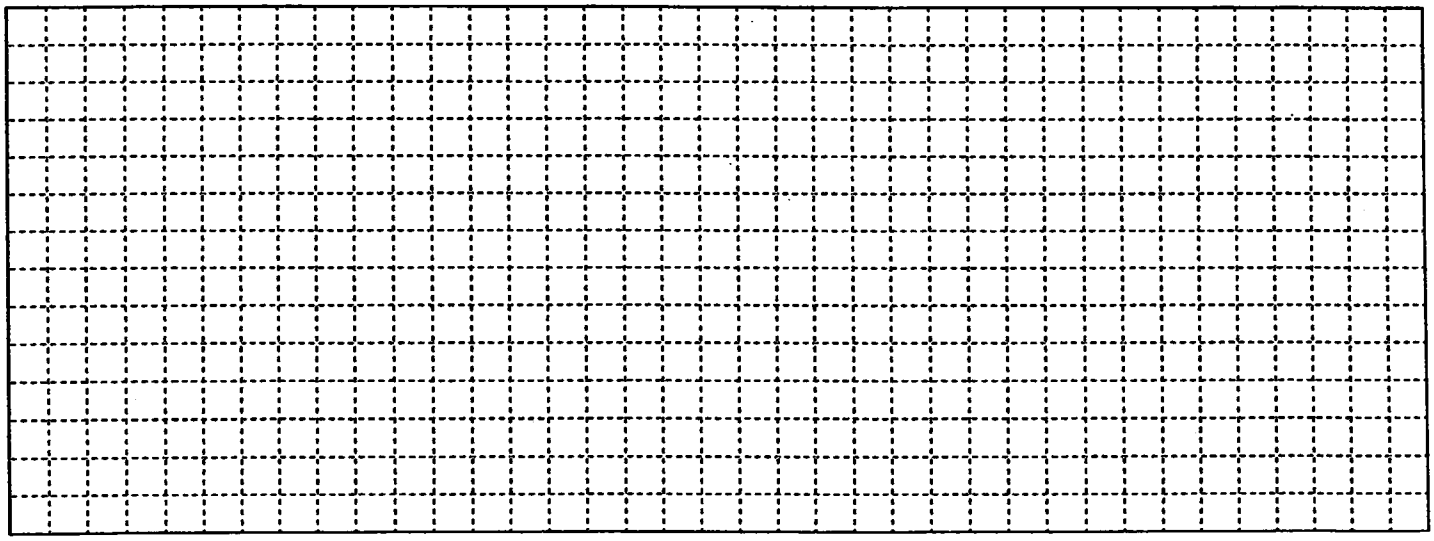
Explain how all foods will be transported to and from serving site (including how foods will be protected from contamination and how acceptable food temperatures will be maintained):

_____

_____

_____

Please draw floor plan showing how tables, food containers and food items are to be prepared, displayed and sold:
Scale: 1 square = _____ feet



Please return with proper fee to:

Union County Health Department
940 London Avenue, Suite 1100
Marysville, OH 43040
Phone: (937) 642-2053
Fax: (937) 645-3047