

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: Sandusky County Public Health
4. Return check and signed application to:

- ☐ Food Service Operation
☐ Retail Food Establishment

Sandusky County Public Health
2000 Countryside Drive
Fremont, OH 43420

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

By	Date
Audit no.	License no.

TEMPORARY FOOD OPERATION APPLICATION

PROVIDE A COMPLETE LISTING OF ALL FOODS TO BE SERVED (Including Beverages)

1	6	11
2	7	12
3	8	12
4	9	14
5	10	15

CHECK WHERE FOODS WILL BE PREPARED (Check all that apply):

☐ At the Temporary Location ☐ At a Licensed Food Facility

FOOD SOURCES- WHERE WILL YOU PURCHASE YOUR FOODS?

☐ KROGER ☐ WALMART

OTHER: _____

CHECK ALL EQUIPMENT TO BE USED FOR FOOD PREPARATION ON SITE:

☐ Grill ☐ Roasters
☐ Fryers ☐ Propane Stove Unit

Other (Explain): _____

CHECK HOW ALL HOT FOODS WILL BE MAINTAINED AT 135°F OR HIGHER:

☐ Cooked to Order ☐ Roaster Units ☐ Held on Grill
☐ Steam Tables

Other (Explain): _____

CHECK HOW ALL COLD FOODS WILL BE MAINTAINED AT 41°F OR COLDER:

☐ Electric Refrigeration Units

☐ Cooler Chests with Ice

Other (Explain): _____

NOTE: A PROPER THERMOMETER MUST BE PROVIDED AND USED TO CHECK FOOD TEMPERATURES (Check Attached Regulations for Proper Thermometers)

CHECK HOW FOODS WILL BE PROTECTED FROM ALL FORMS OF CONTAMINATION:

☐ All Foods Located Away from Customers

☐ Sneeze Guards

☐ Foods Covered with Plastic Wrap or Foil

Other (Explain): _____

CHECK HOW FOODS WILL BE PROTECTED FROM BARE HAND CONTACT:

☐ Single-Use Gloves (non- latex)

☐ Deli paper/ tissue

☐ Utensils (Tongs, Spoons, Etc.)

Other (Explain): _____

CHECK HOW ALL FOODS WILL BE TRANSPORTED TO THE SITE:

☐ Refrigerated Truck

☐ Hot Boxes/Hot Thermalized Containers

☐ Cooler Chest with Ice

Other (Explain): _____

CHECK TYPE OF HANDWASHING FACILITIES TO BE USED:

☐ Handsink (with hot & cold water)

Other: (Explain): _____

☐ Coffee Urn

NOTE: SOAP & PAPER TOWELS MUST BE PROVIDED WITH THE HANDSINK AND URN OPTIONS

CHECK HOW ALL UTENSILS AND EQUIPMENT WILL BE WASHED, RINSED, AND SANITIZED

☐ Fully Functional Three-Compartment Sink

☐ Three (3) Individual Buckets, Dish pans, Tubs, Etc.

NOTE: A PROPER SANITIZER MUST BE USED IN EITHER OPTION (Check Attached Regulations for Proper Sanitizers)

CHECK THE TYPE OF HAIR RESTRAINT TO BE WORN BY EVENT WORKERS:

☐ Hair Nets

☐ Visors

☐ Ball Caps/Hats

CHECK HOW ALL WASTE PRODUCTS WILL BE REMOVED FROM THE SITE:

☐ Deposited in Proper Waste Containers/Bags and Removed by Event Personnel

☐ Deposited in Proper Waste Containers/Bags and Removed by Owners of the Site

INDICATE THE TYPE OF FLOORING TO BE PROVIDED UNDER THE ENTIRE TEMPORARY OPERATION:

☐ Wood Panels/Wood Planks

Other (Explain):

IN THE SPACE BELOW, PROVIDE A DIAGRAM OF HOW THE ENTIRE TEMPORARY LOCATION WILL BE SETUP:

REV 2/2019