

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			

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.

CHECK HOW FOODS WILL BE PROTECTED FROM BARE HAND CONTACT:

Single-Use Gloves

Food 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

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, Dishpans, 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:
(Only necessary if Temporary Operation is to be located on exposed soil, gravel, or grassy areas)

Wood Panels/Wood Planks

Other (Explain): _____

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

ELECTRICAL SUPPORT

RESTROOMS

WATER SOURCE