

**2026 Application for a License to Conduct a:** (check only one)  Food Service Operation  
 Retail Food Establishment

**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:
4. Return check and signed application to:

**Columbiana County Health District**  
**7360 State Route 45, P.O. Box 309**  
**Lisbon, OH 44432**  
**330-424-0272**

\*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

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/renewing a license. This action is governed by Ohio Revised Code 3717.

|   |                  |  |     |
|---|------------------|--|-----|
| Name of Facility  |                  | Name of License Holder   |     |
| Address   |                  | E-mail   |     |
| City  |                  | State  | ZIP |
| Phone #<br>(     )  | Fax #<br>(     ) | Check if applicable<br><input type="checkbox"/> Catering <input type="checkbox"/> Seasonal |     |
| Name of individual certified in food protection (if any) and their certificate number (use back for additional names) |                  |  |     |

**Mailing address for annual renewal if different than above:**

|   |                    |
|---|--------------------|
| Name of parent company or owner   | Phone #<br>(     ) |
| Address   | E-mail             |
| City  | State    ZIP       |
| <i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i> |                    |
| Signature   | Date               |

**Licensors to complete below**

|             |            |                                  |                    |
|-------------|------------|----------------------------------|--------------------|
| Category    |            |                                  |                    |
| License fee | + Late fee | + State amount<br><b>\$28.00</b> | = Total amount due |

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

|    |      |           |             |
|----|------|-----------|-------------|
| By | Date | Audit no. | License no. |
|----|------|-----------|-------------|

1. Provide Floor Plan
2. Menu
3. Source of Food
4. Hot Holding Facilities
5. Cold Handling Facilities
6. Methods of Sanitizing
7. Type/Location of Handwash Facilities
8. Equipment/Utensils
9. Support Facilities
  - a. Safe Water Supply
  - b. Septage/Waste Water Disposal
  - c. Toilet Facilities
  - d. Garbage Disposal

Floor Plan For (Name of Food Service): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_