

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:
4. Return check and signed application to:

- Food Service Operation
 Retail Food Establishment

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

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>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:</i>	
Signature	Date

Licensors to complete below

Valid date(s)	License fee: \$138.00
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Application approved for license 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 Handwashing 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: _____