

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
 General Health District
 7360 STATE ROUTE 45
 P.O. BOX 309
 LISBON, OH 44432
 330-424-0272 FAX 330-424-1733

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
-----------	------

Sponsor to complete below

Valid date(s)	License fee: 124.00 (2025 Fee)
---------------	-----------------------------------

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

City	Date
Audit no.	License no.