

\_\_\_\_\_ **APPLICATION TO CONDUCT A TEMPORARY:** (check only one)  
 (Year)  Food Service Operation  
 Retail Food Establishment

**INSTRUCTIONS:**

1. Complete the applicable sections. (Make any corrections if necessary)
2. Sign and date the application.
3. Make a check or money order payable to: LORAIN COUNTY HEALTH DEPT.
4. Return check and signed application to: LORAIN COUNTY GENERAL HEALTH DISTRICT  
 9880 S. Murray Ridge Road  
 Elyria, OH 44035

Before the license application can be processed the application must be completed and the fee submitted. Failure to complete this application and remit the fee will result in not issuing the license. This action is governed by Ohio Revised Code 3717.

Name of Temporary Food Service Organization/Group:			
Location of Event:			
Address of the Event or site (if applicable):			
Start Date	End Date	Operation Start Time:	Operation End Time:
Name of License Holder/Person-in-charge: (to be posted on license)			Phone Number:
Address of License Holder (include city, state, zip):			
List all foods being served or sold:			

**I HEREBY CERTIFY THAT I AM THE LICENSE HOLDER, OR AUTHORIZED REPRESENTATIVE, OF THE TEMPORARY FOOD SERVICE OPERATION OR TEMPORARY RETAIL FOOD ESTABLISHMENT INDICATED ABOVE.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LICENSOR TO COMPLETE BELOW**

Valid Date(s):	License Fee
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APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE OHIO REVISED CODE:

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

AUDIT No.: \_\_\_\_\_

LICENSE No.: \_\_\_\_\_

## Addendum Application to Conduct a Temporary Food Service Operation or Retail Food Establishment

Name of Event	
Name of Group/Person Organizing Event	Contact Phone Number
Person in Charge (PIC) of Food Operation	Daytime Phone Number
Has the PIC read the requirements for and understand the PIC responsibilities? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Food Items which will be Offered for Sale</b>	<b>Name and Address of Food Supplier / Place Where Food will be Purchased</b>
Name and Address of any other location(s) other than the event location where food items will be prepared	
List all Food Service Equipment which will be used at the location (coolers, roasters, etc)	
Describe hand washing facilities at the food facility	
Will Disposable Gloves be Present and Used? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have a metal stem pocket thermometer with a temperature range from 0°F - 220°F? <input type="checkbox"/> yes <input type="checkbox"/> no	

### Drawing of the General Layout of the Temporary Food Service Operation / Retail Food Establishment (show tables, equipment, hand wash facilities, etc)