

APPLICATION TO CONDUCT A TEMPORARY:

(Check only one)

Food Service Operation

Retail Food Establishment

INSTRUCTIONS:

1. Complete the application sections. (Make any corrections if necessary)
2. Sign and date the application.
3. Make a check or money order payable to: **Lorain County Public Health**
4. Return check and signed application to: Lorain County Public Health
9880 South 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 Event (if applicable):			
Start Date	End Date	Operation Start Time:	Operation End Time:
Name of License Holder (to be posted on license):			Phone Number:
Address of License Holder :		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 ()	Contact E-Mail
Person in Charge (PIC) of Food Operation	Daytime Phone Number ()	Contact E-Mail
Has the PIC read the requirements for and understand the PIC responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Food Items which will be Offered for Sale	Name and Address of Food Supplier / Place Where Food will be Purchased

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 how Food Workers will be able to Wash their Hands at the Location the Food is to be Served:

Will disposable gloves be present and used? Yes No

Do you have a Metal Stem Pocket Thermometer with a Temperature Range from 0°F - 220°F? Yes No

What type of Sanitizing Agent will be used: Quaternary Ammonium (SaniTabs) Chlorine (Bleach)

Do you have the appropriate Test Papers to determine the Concentration of your Sanitizing Agent? Yes No

Drawing of the General Layout of the Temporary Food Service Operation / Retail Food Establishment (Show Tables, Food Equipment, Hand Wash facilities, etc – see example on page 2)

Example of a Temporary Food Service Operation Diagram

