

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: **Morrow County Health District**
4. Return check and signed application **to: Morrow County Health District**

- Food Service Operation
 Retail Food Establishment

**619 West Marion Road, Suite B, Room 143
 Mt. Gilead, Ohio 43338**

419-947-1545

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 Please see attached <hr/> <hr/>		

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

By	Date
Audit no.	License no.



Temporary Food Service Operation/Retail Food Establishment Operation Information

Please complete the license application and this operation information form and submit with license fee at least seven (7) days prior to the event.

1. Foods & Food Sources:

List all foods and beverages to be prepared, served and/or sold, including consumable ice, and where they will be purchased:

Food/Beverage Item	Name and Location of Source
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. On-Site Preparation, Storage & Service:

How will time/temperature controlled for safety (TCS) foods be kept cold (41°F or below)? Please check all that apply.

- Mechanical refrigeration*
- Cooler(s) with adequate ice
- Other – please specify _____

****Mechanical refrigeration is required for overnight storage of time/temperature controlled for safety (TCS) foods.***

What type of thermometer will be provided (metal stem, digital)?

How will time/temperature controlled for safety (TCS) foods be cooked, held hot, and/or reheated (135°F or above)? Please check all that apply.

- Chafing pan w/ cooking fuel, e.g. Sterno
- Charcoal/gas grill
- Electric roaster/skillet
- Food warmer, cooker/warmer, and/or steam table
- Oven/stove
- Portable (camping) stove
- Other – please specify _____



How will ready-to-eat foods be protected against bare hand contact by food employees?
Please check all that apply.

- Deli and/or foil wraps
- Disposable gloves
- Utensils (spatulas, spoons, tongs, etc.)
- Other – please specify _____

How will foods be protected against contamination by the consumer (coughing, sneezing, etc.)? Example: displaying and/or storing foods in covered containers, packages, or individually wrapped.

How will equipment, utensils, and single-use items be protected against contamination prior to and during serving?

3. Off-Site Preparation:

List all foods and beverages to be prepared off-site, the preparer and his/her contact information, and when the food will be prepared:

Food/Beverage Item	Name, Location & Phone of Off-Site Preparer	Preparation Date/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will time/temperature controlled for safety (TCS) foods prepared off-site be transported to the serving site to prevent contamination and maintain required holding temperatures:

4. Water Supply:

Where will potable (drinking) water be obtained for handwashing, food preparation, and warewashing?

- Municipal supply (name of municipality) _____
- Public water supply (name or PWS#) _____
- Private water supply (water sample required) _____
- Other – please specify _____



How will hot water be provided for handwashing and warewashing?

- Coffee urn
- Stove top burner
- Insulated container
- Other – please specify _____

5. Wastewater:

What equipment/facilities will be provided for wastewater holding, and how and where will wastewater be disposed?

6. Support Facilities:

What type of facilities will be available/provided for handwashing?

- Handwashing sink*
- Insulated container w/spigot containing warm water & wastewater holding container*
- Chemically-treated towelettes (baby wipes and disinfecting wipes are prohibited)
- Other – please specify _____

****Soap and paper towels required***

What type of facilities will be provided for washing, rinsing, and sanitizing equipment and utensils? *Compartments/containers must be large enough to submerge the largest piece of equipment or utensil.*

- 3 compartment sink*
- Dish pans, buckets, or basins*
- Other – please specify _____

What type of sanitizer and test kit will be provided?

- Chlorine (scented bleach is prohibited)
- Quaternary ammonium
- Iodine

How will refuse be stored and removed from the site?



Temporary Food Service Operation/Retail Food Establishment Facility Layout & Equipment

Draw in the box provided below an on-site floor plan of the proposed operation. Include the location(s) of the following:

1. Food preparation: cooking, reheating, hot/cold holding equipment
2. Food and supply storage
3. Handwashing
4. Warewashing
5. Water supply
6. Wastewater holding and/or disposal: holding containers, sanitary sewer
7. Refuse containers
8. Restroom facilities

<div style="text-align: center; margin-bottom: 100px;">Back</div> <div style="text-align: center; margin-top: 100px;">Front</div>
Other/Notes: