Application for a License to Conduct a Temporary Food Service Operation

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
   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.

<table>
<thead>
<tr>
<th>Name of temporary food facility</th>
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<tr>
<td>Location of event</td>
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<tr>
<td>Address of event</td>
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<tr>
<td>City</td>
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<tr>
<td>Start date</td>
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<tr>
<td>Name of license holder</td>
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<td>Address of license holder</td>
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<td>City</td>
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List all foods being served/sold

Please see attached

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 |

Licensor to complete below

| Valid date(s) | License fee: |

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

<table>
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<th>By</th>
<th>Date</th>
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Audit no. | License no. |

AGR 1271 (Rev. 11/00)  
HEA 5331 (Rev. 11/00)  
Ohio Department of Agriculture  
Ohio Department of Health
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:

<table>
<thead>
<tr>
<th>Food/Beverage Item</th>
<th>Name and Location of Source</th>
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2. On-Site Preparation, Storage & Service:

How will time/temperature controlled for safety (TCS) foods be kept cold (41ºF 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 (135ºF 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:

<table>
<thead>
<tr>
<th>Food/Beverage Item</th>
<th>Name, Location &amp; Phone of Off-Site Preparer</th>
<th>Preparation Date/Time</th>
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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

Other/Notes:

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