

# 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

**Carroll County Health Dept.**  
**301 Moody Ave. S.W.**  
**P.O. Box 98**  
**Carrollton, Ohio 44615**  
 330-627-4866 (#22) Corinne Ren

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
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### Licenser 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.

**CARROLL COUNTY GENERAL HEALTH DISTRICT**  
**301 Moody Avenue, S.W., P. O. Box 98**  
**Carrollton, Ohio 44615**



**Public Health**  
Prevent. Promote. Protect.

**Our Mission:** To promote healthy lifestyles and protect the health and well-being of its residents by providing for personal and environmental health services.  
Leann L. Cline, B.S.H.S.A, M.P.H., Health Commissioner  
Richard D. Clark, M.D., Medical Director

**Temporary Food Service License Information Sheet**

Please complete this form in as much detail as possible.

**1. Event:**

A. Name of Event: \_\_\_\_\_

B. Location/Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Date(s): \_\_\_\_\_

D. Sponsoring Organization: \_\_\_\_\_

**2. Person In Charge of the Food Service Operation:**

*This person must have acceptable knowledge of proper food safety procedures*

A. Name: \_\_\_\_\_

B. Telephone: \_\_\_\_\_

**3. Food:**

A. List ALL menu items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Where will items be purchased? Must be from an approved source.

Local Grocery Store: \_\_\_\_\_

Other Supplier: \_\_\_\_\_

C. Where will these items be prepared? NO home prepared foods or ice.

On location the day of the event

At a licensed food service operation. Location: \_\_\_\_\_

Other: \_\_\_\_\_

**4. Food Protection:**

A. How will the food be kept cold (41°F or lower) at the event and during transportation to the event? **\*Mechanical refrigeration must be used for overnight storage of TCS food**

Mechanical refrigeration

Cooler chests

Other (specify) \_\_\_\_\_

B. How will the food be cooked and/or kept hot (135°F or higher) at the event and during transportation to the event.

**\*Crock-pots cannot be used as a means of cooking. They can only be used for holding food hot.**

- Stove
- Charcoal/Gas grill
- Electric Roaster or Skillet
- Gas camping stoves
- Other (specify): \_\_\_\_\_

**\*Metal stem thermometers must be used to measure temperatures**

**5. Equipment/Hand washing**

A. How will hand washing be provided? Warm water, soap, and paper towels must be provided. Example: A Cooler with a spout filled with warm water can be used.

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B. How and when will food equipment be cleaned? Utensils must be washed, rinsed, and sanitized at least every four hours or when they become contaminated.

Example: Three dish pans can be used as a three compartment sink.

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C. What type of sanitizer will be used for equipment and food contact surfaces?

**\*Sanitizer test strips must be available to check the concentration of sanitizer**

**6. Floor plan diagram**

