2023 Application for Instructions:	only one) [] Food Service Operation [] Retail Food Establishment					
<ol> <li>Complete the app</li> <li>Sign and date the</li> <li>Make a check or r</li> <li>Return check and</li> </ol>	application. noney order paya signed applicatio	able to: <b>Richland</b> on by: urn to: <b>Richland</b> <b>555 Lexir</b>	Public Hea Public Hea	lth lth ue		
		Mansfield	d, OH 44907	7		
*There is a mandatory peretail food establishment						
Before license applicatio submitted. Failure to con a license. This action is $\mathfrak q$	nplete this applic	ation and remit th	e proper fee			
Name of Facility			Name of License Holder			
Address					E-mail	
City			State		ZIP	
Phone #	Fax		Check if appl			
Name of individual certified	d in food protection	(if any) and their c	ertificate num	ber (use b	ack for additional names)	
Mailing address for an	nual renewal if o	lifferent than abo	ove:			
Name of parent company or owner				Phone #		
Address	E-mail					
City	State		ZIP			
I hereby certify that I am			zed represer	ntative, of	the food service	
operation or retail food establishment indicated above: Signature					Date	
Licensor to complete b	elow					
Category	<u> </u>					
License fee	+ Late fee	+ State am	+ State amount		= Total amount due	
Application approved for	r license and cert	tified as required l	ov Chanter 3	3717 of th	e Ohio Revised Code	
Ву	Date	Audit no.	-, -napion	License no		