

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

Richland Public Health
555 Lexington Ave.
Mansfield, OH 44907
(419)774-4520

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

Licenser to complete below

Valid date(s)	License fee:

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

By	Date
Audit no.	License no.



Environmental Health Division
 Food Program
 555 Lexington Avenue
 Mansfield, OH 44907
 (419) 774-4520
 (419) 774-0845 Fax

Temporary Food Facility Application

Complete in full the following information about the upcoming event.

Date:

Method for storing food prior to the event (select option below):

- All food will be purchased the day of service.
- At a support facility (complete the facility information below):

Food Facility Name:		
Address:	Phone:	
City:	State:	Zip:

Transportation method for hot and cold foods:

- Insulated Cooler
- Refrigerated Truck
- Other: _____
- Not applicable (N/A)

Cold Holding Equipment:

- Refrigerator
- Freezer
- Dry Ice
- Refrigerated Truck
- Refrigerated Trailer
- Other: _____
- Not applicable (N/A)

How will food be cooked?

- Stove
- Grill
- Oven
- Other: _____
- Not applicable (N/A)

Will you be serving any raw foods?

- No
- Yes (Please explain): _____
- Not applicable (N/A)

Hot Holding Equipment:

- Stove
- Grill
- Oven
- Other: _____
- Not applicable (N/A)

Will food be kept as leftovers?

- No
- Yes (Please explain): _____
- Not applicable (N/A)

Hand Washing Equipment:

- Portable Hand Sink(s)
- Cooler with Spigot
- Other: _____
- Not applicable (N/A)

How will foods be protected from bare hands?

- Gloves
- Tongs/Utensils
- Wax Paper / Aluminum Foil
- Not applicable (N/A)

Approved Water Supply:

- Supplied at Event
- City
- Well
- Transported (fill in information below)
- Not applicable (N/A)

Transported Water Source Name:		
Address:	Phone:	
City:	State:	Zip:

Hot Water Source:

- Supplied at Event
- Heating Water onsite
- Other: _____
- Not applicable (N/A)

Dish Washing Equipment:

- Three (3) Compartment Sink
- Three (3) pans/tubs (Large enough to immerse equipment by at least 1/2) with hot water available
- Not applicable (N/A)

Sanitizing Dishes With:

- Bleach (unscented only)
- Quaternary Ammonia
- Other: _____
- Not applicable (N/A)

Test Strips Available?

- No
- Yes

Sanitizing Surfaces With:

- Bleach (unscented only)
- Quaternary Ammonia
- Other: _____
- Not applicable (N/A)

Wastewater Disposal Method:

- Direct Connection at Event
- Blue Boy/ Holding Tank
- Other: _____
- Not applicable (N/A)

Trash Disposal:

- Supplied at Event
- Dumpster at another location (fill in information below)

Dumpster Company Name:		
Dumpster Location Address:	Phone:	
City:	State:	Zip:

- Not applicable (N/A)

Effective Hair Restraints:

- Hat/Visor
- Bandana
- Hair Net
- Not applicable (N/A)

Food Grade Hose(s) (to supply *any* water or fill *any* containers):

- Yes
- No
- Not applicable (N/A)

Do you have thermometers for each hot or cold holding equipment unit?

- Yes
- No
- Not applicable (N/A)

Thin-probe thermometer for food preparation:

- Dial-face Probe
- Digital
- Not applicable (N/A)

Overhead/ Wall Covering:

- Type: _____
- Not applicable (N/A)

Non-absorbent floor covering:

- Type: _____
- Not applicable (N/A)

Please list any additional information and/or process(es) not covered in the questions above:

Menu Information

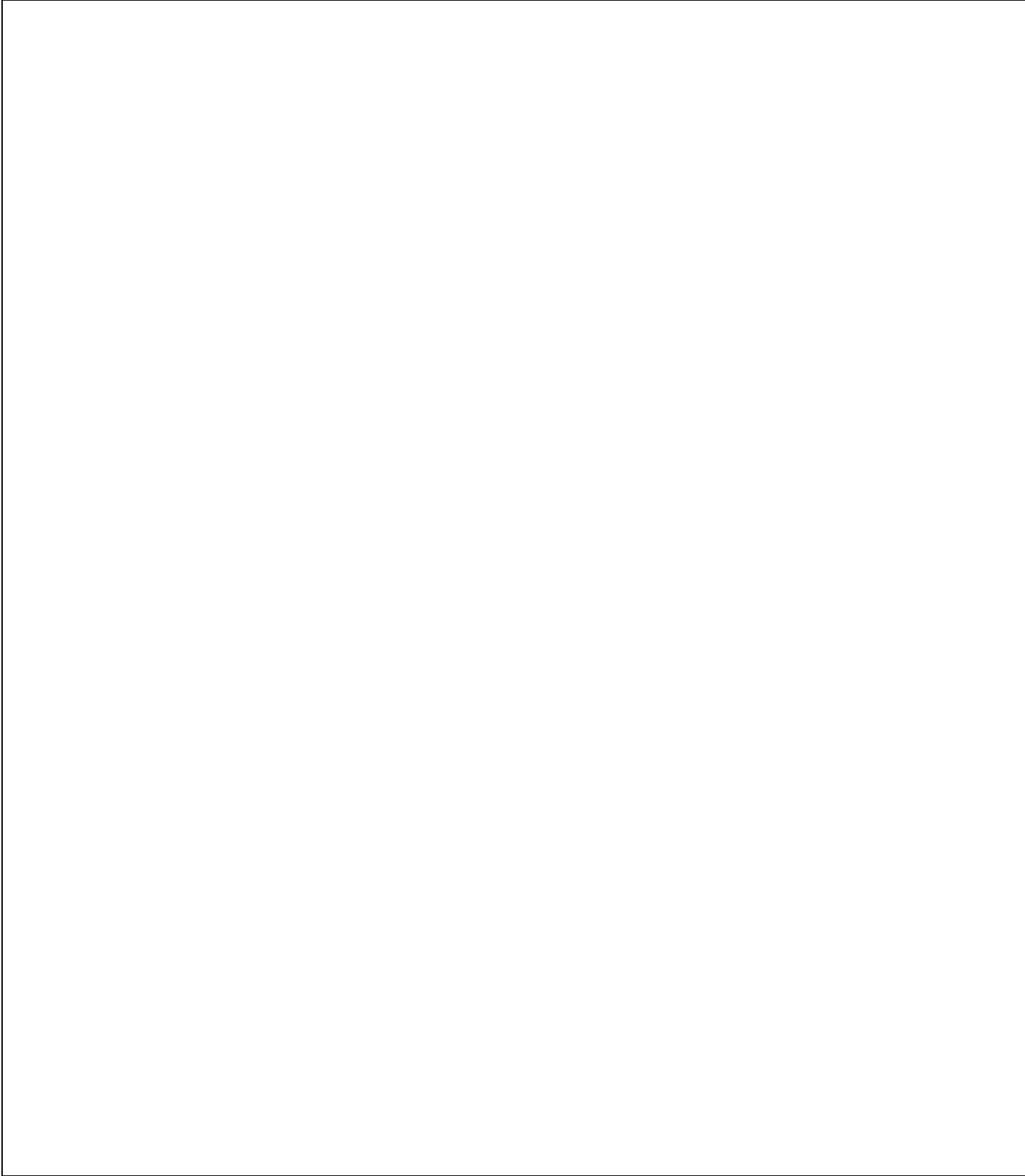
- List **all** menu items. Items **NOT** included on the menu shall not be sold or served without the approval of Richland Public Health.
- Any changes before the event must be submitted and approved by this office.
- Transport and store food properly.
(Cold foods must remain at 41°F or below, hot foods must be held at 135°F or above.)
****Any foods out of temperature will be discarded.**
- **Prepared foods may only be transported to the event from a registered processing facility. No home-produced time/temperature controlled for safety (TCS) foods permitted.**

Complete the chart below for all menu items. (Do not include condiments such as ketchup, etc.)
**** If you need more room, please attach an additional page. ****

Food Item	Received Ready-to-Eat		Prepared Onsite		Food Supplier
	Y	N	Y	N	
<i>Example: Chips</i>	X			X	<i>Mike’s Market</i>
<i>Example: Hot Dogs</i>		X	X		<i>Best Grocery Store</i>

Temporary Facility Layout

Draw the floor plan of your temporary facility set up with all equipment, storage preparation areas, sinks and support trucks noted. Draw to scale if possible.



Temporary Food Facility Checklist

For your use.

<input type="checkbox"/> Foods are from an approved source
<input type="checkbox"/> Hand washing station with all necessary requirements:
<input type="checkbox"/> Soap
<input type="checkbox"/> Paper Towels
<input type="checkbox"/> Sign
<input type="checkbox"/> Wastebasket
<input type="checkbox"/> Water at least 100°F
<input type="checkbox"/> Three (3) Compartment sink and all necessary requirements:
<input type="checkbox"/> Sanitizer
<input type="checkbox"/> Detergent
<input type="checkbox"/> Space for air drying
<input type="checkbox"/> Water at least 110°F
<input type="checkbox"/> Necessary utensils/gloves
<input type="checkbox"/> Properly calibrated thermometers for food and equipment
<input type="checkbox"/> Protective covering for food preparation areas to prevent contamination
<input type="checkbox"/> Proper means to transport hot and cold foods
<input type="checkbox"/> Storage of food (at least 6 inches off the ground)
<input type="checkbox"/> Food grade hose for inlet water supply to potable water system
<input type="checkbox"/> Backflow prevention device for hoses, when required
<input type="checkbox"/> Method to collect trash
<input type="checkbox"/> Method to collect wastewater
<input type="checkbox"/> Equipment is adequate and in good repair
<input type="checkbox"/> Any other requirements issued by Richland Public Health
<input type="checkbox"/> Application is completed and submitted to Richland Public Health
<input type="checkbox"/> Fee payment has been made in full