Application for a License to Conduct a Temporary: (check only one)

Instructions: ☐ Food Service Operation Retail Food Establishment 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: Sandusky County Public Health 4. Return check and signed application to: Sandusky County Public Health 2000 Countryside Drive Fremont, OH 43420 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 State ZIP City Operation time(s) End date Start date Name of license holder Phone number Address of license holder ZIP City State 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: Date Signature Licensor to complete below License fee: Valid date(s)

Date

License no.

AGR 1271 (Rev. 11/00) HEA 5331 (Rev. 11/00)

Ву

Audit no.

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

Ohio Department of Agriculture Ohio Department of Health

TEMPORARY FOOD OPERATION APPLICATION

PROVIDE A COMPLETE LISTING OF ALL FOODS TO BE SERVED (including Beverages)

1	6	11	
2	7	12	
3	8	12	
4	9	14	
5	10	15	
At the Ten	ERE FOODS WILL BE PREPARE nporary Location JIPMENT TO BE USED FOR FOO	At a Licensed Food Facility	
Grill	SII MENT TO BE GOLD TONTO	Roasters	
Fryers		Propane Stove Unit	
Fryers		Topane Stove Sinc	
Other (Explain):			
CHECK HOW ALL HOT FOODS WILL BE MAINTAINED AT 135°F OR HIGHER: Cooked to Order Roaster Units Held on Grill Steam Tables Other (Explain):			
CHECK HOW ALL COLD FOODS WILL BE MAINTAINED AT 41°F OR COLDER: Electric Refrigeration Units Other (Explain):			
Cooler Chests with I			
	METER MUST BE PROVIDED A heck Attached Regulations for F		
CHECK HOW FOODS WILL BE PROTECTED FROM ALL FORMS OF CONTAMINATION:			
All Foods Located A	way from Customers	Sneeze Guards	
Foods Covered with	Plastic Wrap or Foil		
Other (Explain):			

Food Tissue Single-Use Gloves Other (Explain): Utensils (Tongs, Spoons, Etc.) CHECK HOW ALL FOODS WILL BE TRANSPORTED TO THE SITE: Hot Boxes/Hot Thermalized Containers Refrigerated Truck Cooler Chest with Ice Other (Explain): CHECK TYPE OF HANDWASHING FACILITIES TO BE USED: other Handsink (with hot & cold water) Coffee Urn SOAP & PAPER TOWELS MUST BE PROVIDED WITH THE HANDSINK AND URN OPTIONS NOTE: CHECK HOW ALL UTENSILS AND EQUIPMENT WILL BE WASHED, RINSED, AND SANITIZED Fully Functional Three-Compartment Sink Three (3) Individual Buckets, Dishpans, Tubs, Etc. A PROPER SANITIZER MUST BE USED IN EITHER OPTION (Check Attached Regulations for NOTE: Proper Sanitizers) CHECK THE TYPE OF HAIR RESTRAINT TO BE WORN BY EVENT WORKERS: Visors **Hair Nets** Ball Caps/Hats CHECK HOW ALL WASTE PRODUCTS WILL BE REMOVED FROM THE SITE: Deposited in Proper Waste Containers/Bags and Removed by Event Personnel Deposited in Proper Waste Containers/Bags and Removed by Owners of the Site INDICATE THE TYPE OF FLOORING TO BE PROVIDED UNDER THE ENTIRE TEMPORARY OPERATION: (Only necessary if Temporary Operation is to be located on exposed soil, gravel, or grassy areas) Wood Panels/Wood Planks Other (Explain):

CHECK HOW FOODS WILL BE PROTECTED FROM BARE HAND CONTACT:

N THE SPACE BELOW, PROVIDE A DIAGRAM OF HOW THE ENTIRE TEMPORARY LOCATION WILL BE SETUP INCLUDE SUPPORT FACILITIES:	:
ELECTRICAL SUPPORT	
RESTROOMS	
WATER SOURCE	