

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: **Franklin County Public Health**
4. Return check and signed application to: **Franklin County Public Health**

- Food Service Operation
 Retail Food Establishment

Franklin County Public Health
280 E. Broad Street, Room 200 (2nd Floor)
Columbus, Ohio 43215-4562

Call (614) 525-3160
If you have any questions

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			Phonenumber
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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Licensors to complete below

Valid date(s)	License fee: \$43.00 Per Day
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

Please take notice: No home produced foods will be permitted unless you comply with cottage foods regulations or have a home baker's license from the Ohio Department of Agriculture. All foods must be prepared and/or cooked on site or in a licensed facility.

1. Where did you purchase the food and/or ingredients for the food items you will be selling at the event? List all vendors, suppliers and/or licensed facilities.

2. Will you be selling any cottage food items or bakery products produced at home? If so, please list the food items, and include if you have a home bakery license with Ohio Department of Agriculture.

3. Please list your menu items below.

4. Please draw an overhead view of how you will set up your temporary food operation. Include your handwashing station and location(s) of food storage, food preparation, all cooking equipment and refrigerated units and shelving.

