

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

Instruction:

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

Putnam County Health Department
 256 Williamstown Road
 Ottawa, OH 45875

Before the 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.

TEMPORARY FOOD OPERATION PLAN

Please draw a layout of your operation, include your hand washing station, utensil wash area, serving area and equipment. (Also make note of any landmarks to help us locate your operation).

PLEASE LIST ALL FOOD TO BE SERVED:

FOOD SOURCE WHO PREPARED WHERE PREPARED WHEN PREPARED

FOOD	SOURCE	WHO PREPARED	WHERE PREPARED	WHEN PREPARED

(CONTINUE ON BACK IF MORE ROOM IS NEEDED)

How will water be provided? (A private source requires a safe sample prior to use) _____
 (Please circle what pertains to your operation)

Cooking Area: Stove Grill Fryer	Cold Hold: (Below 41 F) Refrigerator Freezer Ice Chest	Hot Hold: (Above 140 F) Warmer Roaster Steam Table	Hot Water: Water Tank Coffee Pot
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I have read the guidelines and I understand that my inspection and licensing is dependent on fulfilling these requirements completely.

Signature: _____
 Print Name: _____
 Date: _____

Return both completed applications and the fee to:
 Putnam County Health Department
 256 Williamstown Road, PO Box 330
 Ottawa, OH 45875-0330

Applications should be received at least 10 days prior to the event.