

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

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>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:</i>	
Signature	Date

Licensors 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.

STARK COUNTY HEALTH DEPARTMENT
TEMPORARY FOOD SERVICE LICENSE APPLICATION

(Please complete this application in as much detail as possible. The approval of your operation depends on the information supplied to us).

I. EVENT:

- A. Name of Event
- B. Location/Directions
- C. Date(s)
- D. Serving Time(s)
- E. Sponsoring Organization

II. PERSON IN CHARGE OF FOOD SERVICE OPERATION:

(This person must be present at each unit per shift at the unit and have knowledge of proper food handling, sanitation procedures and use of required equipment)

- A. Name
- B. Address
- C. Telephone (daytime) Home

III. FOOD: check box or boxes where applicable

- A. List ALL proposed menu items (be specific)

B. Where will these items be purchased? (All food products must come from an approved source)

- Local Grocery Name
- Other Supplier(s) Name

C. Where will these items be prepared? **NO HOME PREPARED FOODS OR ICE. Cream, custard, or pumpkin pies are prohibited unless electrical refrigeration units will be used to hold product.**

- On location day of event
- At a licensed food service operation:
Name of facility
- At a church or fire station:
Name of facility
- Other:
Name of facility

D. When will these items be prepared?

Food Item	Date	Time
<input style="width: 280px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 280px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 280px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

IV. FOOD PROTECTION:

A. How will the food be kept cold (**41°F or Lower**) at the event and during transportation to the event?

- Mechanical refrigeration Cooler Chests
- Other - specify

*** MECHANICAL REFRIGERATION WILL BE USED FOR OVERNIGHT STORAGE OF POTENTIALLY HAZARDOUS FOOD**

B. How will the food be cooked and/or kept hot (**135°F or Higher**)

Use crockpots only for holding foods at 135°F or higher; Do not use to cook foods.

- Stove Electric Roasters or Skillets
- Charcoal/Gas Grills Gas Camping Stoves
- Other - specify

***METAL STEM THERMOMETER MUST BE USED TO MEASURE TEMPERATURES**

V. EQUIPMENT / HANDWASHING

A. Provide complete explanation of how people working at the sale site will wash their hands. (Must provide running water, soap, and paper towels. Hand sanitizers are NOT a substitute for hand washing)

B. **HOW** and **WHEN** will food equipment be cleaned? (Explain by using the wash - rinse - sanitize method)

C. What type of sanitizer will be used for both equipment and food contact surfaces?

--

***MUST PROVIDE TEST STRIPS AND COMPARISON CHART FOR CHECKING CHEMICAL SANITIZER STRENGTH**

VI. TEMPORARY OPERATION FLOOR PLAN DIAGRAM (or attach copy)

Please return this application form and \$50.00 fee to:

**STARK COUNTY HEALTH DEPARTMENT
ATT. FOOD SERVICE
3951 Convenience Circle, NW
Canton, OH 44718-2660
Phone: (330) 493-9904
Fax: (330) 493-9920**