

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

**Hocking County Health Department
 350 State Route 664 N
 Logan, OH 43138**

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	Email
Start date: / /	End date: / /	Operation time(s):	
Name of license holder:			Phone number:
Address of License holder			
City	State	Zip	Email
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

Licenser to complete below

Valid date(s):	License fee: 70.00
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.



Public Health
Prevent. Promote. Protect.

HOCKING COUNTY HEALTH DEPARTMENT

350 State Route 664 North ~ Logan, Ohio 43138

Phone 740-385-3030

Fax 740-385-2252

TEMPORARY FOOD OPERATION QUESTIONNAIRE

This questionnaire must be completed and submitted with the Temporary Food Service Operation/Retail Food Establishment License Application Form.

Name of Event: _____ Dates: _____

Address/Location of Event: _____

1. Location of where food is being prepared (must be on-site or in a licensed kitchen):

2. Complete list of every food item offered for sale (including drinks). **Please note: no home produced products are permitted unless you comply with cottage food regulations or have a home baker's license from the Ohio Department of Agriculture.**

3. 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:

4. Explain what methods will be used to avoid bare hand contact with ready-to-eat foods:

5. Explain how Time/Temperature Controlled for Safety Foods (TCS foods) will be cooked to the proper temperatures (**CrockPots cannot be used to cook TCS foods**)

6. Explain how you will maintain hot TCS foods at 135°F or above: (**CrockPots cannot be used to hot hold TCS foods**):

7. Explain how you will maintain cold TCS foods at 41°F or below:

8. Explain in what manner you will provide facilities for hand washing, utensil washing, and the waste water generated from these processes:



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9. List all equipment to be used at sale site for the preparation and/or holding food items at proper temperatures:

10. Explain in what manner you will protect foods from contamination (ex: covered, wrapped, etc.)

11. Explain how all waste items will be removed from the site: (including food, liquid waste and solid waste)

12. 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, refrigeration units and shelving.