

Wyandot County General Health District
Temporary Food Service Information

Name of Event: _____
Location of Event: _____
Date(s) of Event: _____
Organization/Business Name: _____
Organization/Business Address: _____
Operating Hours While At The Event: _____
Contact Person For Your Organization: _____
Mailing Address For Contact Person: _____

Name and address of location where food is to be prepared (if other than on-site). Food must be prepared in a facility licensed by a Health Department in the State of Ohio. Indicate licensing authority and license number:

Complete menu of foods and beverages to be served: _____

How hot are foods to be kept above 135 degrees F? _____

How cold are foods to be kept below 41 degrees F? _____

Explain how you will properly wash and sanitize utensils: _____

Explain how you will provide hand washing for food workers: _____

List all equipment and utensils used for food preparation and handling: _____

List sources of food:

Explain: (1) method of transporting food to and from the site, (2) how food will be protected from contamination, and (3) how acceptable temperatures will be maintained while in transit:

Sketch the booth layout in the space below and show placement of equipment

Type of flooring to be used: _____ Restroom source: _____

Type of overhead to be used: _____ Handwashing Source: _____

Type of lighting to be used: _____ Water supply source: _____

I acknowledge the receipt of the "Policies For Temporary Food Services of the Wyandot County General Health District"

Signature Date

PLEASE RETURN THIS FORM, FOOD SERVICE APPLICATION, AND THE \$60.00 FEE PAYABLE TO THE WYANDOT COUNTY HEALTH DEPARTMENT

APPROVED BY: _____
(Registered Sanitarian) (Date)

LICENSE NUMBER: _____ AUDIT NUMBER: _____

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

Instructions: [] Food Service Operation

1. Complete the applicable section (make any corrections necessary) [] Retail Food Establishment
2. Sign and date the application
3. Make a check or money order payable to:
4. Return check and signed application to:

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.

List of all foods being served/sold

Address of license holder

City State Zip

Start Date End date Operation Time(s)

Name of license holder

Address of event

City State ZIP

Name of temporary food facility

Location of event

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

Licenser 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.

AGR 1271 (Rev. 11/00) Ohio Department of Agriculture

HEA 5331 (Rev. 11/00) Ohio Department of Health

