

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

Food Service Operation  
Retail Food Establishment

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: Union County Health Department
4. Return check and signed application to: Union County Health Department

940 London Ave Ste 1100  
Marysville, OH 43040



**UNION COUNTY**  
**HEALTH DEPARTMENT**

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 Ohio Revised Code 3717.

Name of Temporary food facility:			
Location of event:			
Address of event:			E-mail
City		State	ZIP
Start date:	End date:	Operation time(s):	
Name of License Holder			Phone #
Address of license holder			
City	State	Zip	E-mail
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

Licensors to complete below

Valid date(s):	License fee: \$32.50 Non-Commercial      I    \$65 Commercial
----------------	--

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no

UNION COUNTY HEALTH DEPARTMENT  
TEMPORARY FOOD VENDORS/FESTIVAL FORM



PLEASE PROVIDE THE HEALTH DEPARTMENT WITH THE FOLLOWING WRITTEN INFORMATION:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Chairman's Name: \_\_\_\_\_ Chairman's Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Chairman's Phone: \_\_\_\_\_

Date Food Is To Be Prepared: \_\_\_\_\_ Time Food Is To Be Sold: \_\_\_\_\_

Location Where Food Is To be Prepared & Served: \_\_\_\_\_

COMPLETE Listing of every food offered for sale (including liquid refreshment):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide source of all foods listed above:

_____
_____
_____

Provide detailed explanation of how all hot foods will be kept at 135°F or above:

_____
_____
_____
_____

Provide detailed explanation of how all cold foods will be kept at 41°F or below:

_____
_____
_____
_____

(No readily perishable foods will be allowed to remain in the 45°F to 135°F range.)

Provide complete explanation of how people working at sale site will wash their hands:

_____
_____
_____

List all equipment to be used at sale site for preparation and/or holding food items:

Explain completely how all food is to be protected from contamination (sneezing, coughing, etc.) Example: wrapping baked items individually in plastic wrap, locating all food for sale away from possible contamination by consumer, etc.:

Explain how all serving and eating utensils are to be stored prior to and during serving:

Explain how all waste items (including food and materials) will be removed from the site:

Explain how all foods will be transported to and from serving site (including how foods will be protected from contamination and how acceptable food temperatures will be maintained):

Please draw floor plan showing how tables, food containers and food items are to be prepared, displayed and sold:  
Scale: 1 square = \_\_\_\_\_ feet

Please return with proper fee to:

Union County Health Department  
940 London Avenue, Suite 1100  
Marysville, OH 43040  
Phone: (937) 642-2053  
Fax: (937) 645-3047

