

APPLICATION TO CONDUCT A TEMPORARY FOOD SERVICE OPERATION

INSTRUCTIONS:

1. Complete the applicalbe section.
2. Sign and date the application
3. Make a check or money order payable to:
4. Return check and signed application:

Hamilton County General Health District
 250 William Howard Taft Rd. 2nd FL
 Cincinnati, OH 45219

Before the license application can be processed the application must be completed and the fee submitted.
 Failure to complete this application and remit the fee will result in not issuing the license. This action is governed by Ohio Revised Code 3717.

Name of Temporary Food Service Operation:		
Location of Event:		
Address of Event (including city):		
Date(s) of Event:	Operation Time(s)	
Name of Operator/Licensee:	Phone Number:	
Operator/Licensee Address:		
City:	State	Zip Code:
List all foods being served:		
I HEREBY CERTIFY THAT I AM THE OPERATOR, OR AUTHORIZED REPRESENTATIVE, OF THE TEMPORARY FOOD SERVICE OPERATION INDICATED ABOVE.		
Signature:		Date:

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Valid Date(s):	License Fee: <div style="text-align: center; font-size: 1.2em;">\$50.00</div>
APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE REVISED CODE	
BY: _____ DATE: _____ AUDIT No.: _____ LICENSE No.:	