

**HAMILTON COUNTY GENERAL HEALTH DISTRICT
250 WILLIAM HOWARD TAFT ROAD
2ND FLOOR
CINCINNATI, OH 45219**

**TEMPORARY FOOD OPERATION LICENSE
INFORMATION FORM**

NAME OF EVENT: _____

NAME OF OPERATOR: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATES OF EVENT: FROM _____ **TO:** _____ **HOURS** _____

LOCATION: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

LIST FOOD ITEMS TO BE SERVED: _____

HOW WILL YOU KEEP FOOD HOT? _____

HOW WILL YOU KEEP FOOD COLD? _____

EXPLAIN UTENSIL WASHING PROCEDURE: _____

EXPLAIN HAND WASHING PROCEDURE: _____

Issuance of a temporary food operation license requires final approval of the Hamilton County General Health District. License fees must accompany this application with payment made to the Hamilton County General Health District. This application must be received at least 10 days prior to the event. Late applications will be rejected. A signature acknowledge acceptance of all requirements listed on attached sheets.

*****DIAGRAM OF FOOD BOOTH FLOOR PLAN: Please include location of hand washing and sanitizing facilities.**

SIGNATURE: _____ **DATE:** _____