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

□ ○ Food Service Operation □ ○ Retail Food Establishment

Instructions:

- 1. Complete the application 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:

Carroll County General Health District Carroll County General Health District 301 Moody Ave. SW P.O. Box 98 Carrollton, OH 44615

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.

Name of temporary food facility				
Location of event				
Address of event				
City			State	ZIP
Start date	End date	Operation	n time(s)	
Name of license holder			Phone number	
Address of license holder				
City			State	ZIP
List all foods being served/sold				·

Mailing address for annual renewal if different than above:

I hereby certify that I am the license holder, or the authorized representative, of the temporary food servic establishment indicated above:	e operation or temporary retail food
Signature	Date

Licensor to complete below

Valid date(s)	License fee:
	\$132.50

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

Ву	Date
Audit no.	License no.