

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: **Carroll County General Health District**
4. Return check and signed application to: **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 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>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:</i> | |
| Signature | Date |

Licensors to complete below

| | |
|---------------|--------------------------------|
| Valid date(s) | License fee: \$66.25 |
|---------------|--------------------------------|

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

| | |
|-----------|-------------|
| By | Date |
| Audit no. | License no. |