

**TEMPORARY FOOD SERVICE INFORMATION**  
**ASHTABULA COUNTY HEALTH DEPARTMENT**

**Operation Name:** \_\_\_\_\_

**Name of Operator:** \_\_\_\_\_

**Address of Operator:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**List menu items and/or attach proposed menu** \_\_\_\_\_

**How will food be prepared on site?**

**How will foods be held hot? (Above 135° F)**

**How will foods be held cold? (Below 41° F)**

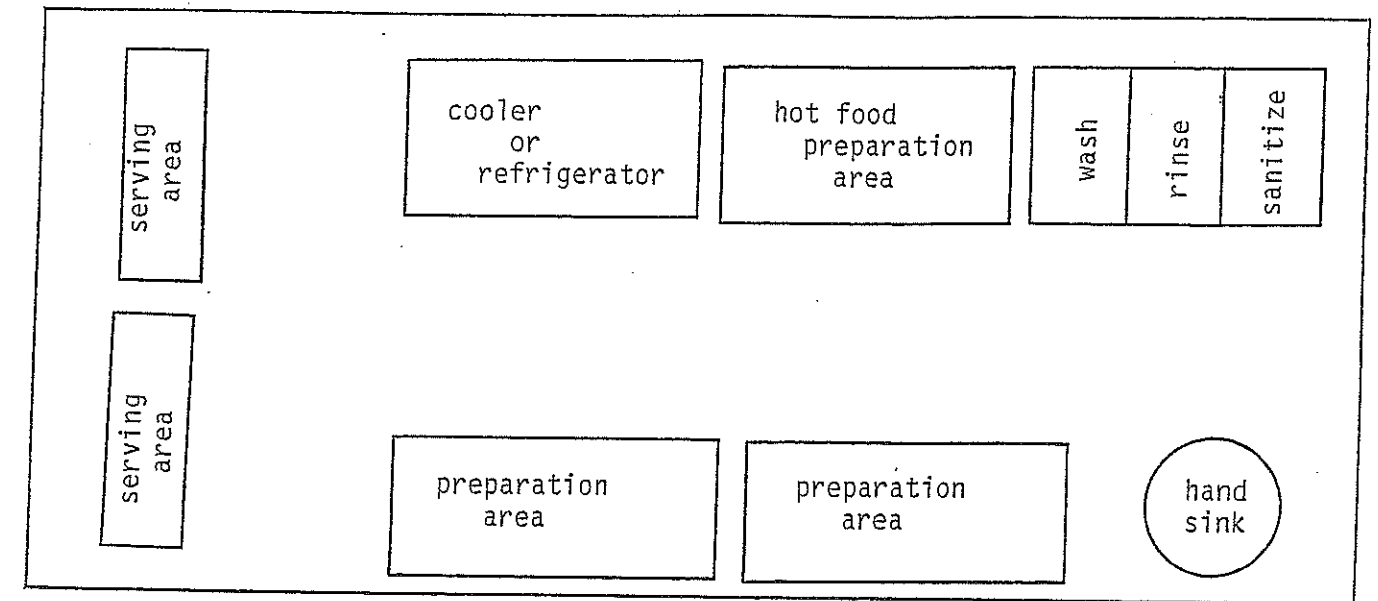
**What type of hand washing facility will be used by employees?**

**How will equipment and utensils be cleaned and sanitized?**

**How will food on display be protected from contamination?**

**\*\*The cost of a temporary food service license is \$70 which covers a 5 day consecutive event.**

### Example of floor plan



**BELOW MAKE A DETAILED DRAWING OF YOUR FLOOR PLAN AND INCLUDE MENU.  
SHOW ALL EQUIPMENT, SUPPORT FACILITIES AND SERVING AREAS.**

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

## Instructions:

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

- Food Service Operation  
 Retail Food Establishment

*Ashtabula Co. Health Dept.  
 12 West Jefferson St.  
 Jefferson, Oh. 44047  
 Ph. 440-576-6010*

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		

*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: <b>\$ 70.00</b>
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.