

_____ Application to Conduct a Temporary :

(check one only)

Food Service Operation

Retail Food Establishment

Instructions:

1. Complete the applicable sections. (Make any corrections if necessary)
2. Sign and date the application
3. Make a check or money order payable to: **Pickaway County Public Health**
4. Return check or money order and signed application to: **Pickaway County Public Health**
110 Island Rd., Suite C, PO Box 613
Circleville, OH 43113

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.

ALL information is **Required**: Any information left blank will cause application to be sent back to applicant

Name of Temporary food Facility:			
Location of Event:			
Address of Event (include city, state, zip)			
Start Date	End Date	Operation Start Time	Operation End Time
Name of License Holder:		Contact Phone Number	
Address of License Holder include city, state and zip:			
List all foods being served or sold:			

I HERE BY CERTIFY THAT I AM THE LICENSE HOLDER, OR AUTHORIZED REPRESENTATIVE, OF THE TEMPOARY FOOD SERVICE OPERATION OR TEMPOARY RETAIL FOOD ESTABLISHMENT INDICATED ABOVE.

Signature:

Date:

LICENSOR TO COMPLETE BELOW

Valid Date(s):	License Fee:
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APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE OHIO REVISED CODE:

BY:	DATE:
AUDIT NO.:	LICENSE NO.: