

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: Fayette County Health District .
4. Return check and signed application to: 317 S. Fayette St.
Washington CH, Ohio 43160

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/renewing a license. This action is governed by Ohio Revised Code 3717.

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:		
Address of Licence 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
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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.