

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

**Gallia County General Health District**  
**499 Jackson Pike, Suite D**  
**Gallipolis, OH 45631**

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 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
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## Licenser 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.

## Temporary Food Service/Food Establishment Data Sheet

The following data must be completed and submitted with the application for a Temporary Food Service/Food Establishment License and you must be able to demonstrate how you will be able to comply with the Temporary Food Service/Food Establishment requirements (Ohio Administrative Code 3717), prior to a license being issued.

Name of Operation: \_\_\_\_\_ Dates: \_\_\_\_\_

Location of Operation: \_\_\_\_\_

Person to Contact for Operation: \_\_\_\_\_ Phone # \_\_\_\_\_

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Foods to be Served	Source of Foods
_____	_____
_____	_____
_____	_____

Describe type of hot and cold holding facilities and number of each.  
\_\_\_\_\_  
\_\_\_\_\_

List equipment to be used and the manufactures along with any support facilities. (Buildings, Food Services)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water source (Circle ones that apply)   Public   Private Well   Hauled   On Site

Source of hot water and amount: \_\_\_\_\_

Waste Water Disposal: \_\_\_\_\_

Use the space below to draw a diagram of the layout of the operation. Show where 3-bowl sink and handwashing sink will be located along with location of toilet facilities.

