

2019 Application for a License to Conduct a: (check only one) Food Service Operation
 Retail Food Establishment

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: **"CCCHD"**
4. Return check and signed application to: **CLARK COUNTY COMBINED HEALTH DISTRICT
FOOD SAFETY PROGRAM
529 E. Home Road
Springfield, OH 45503**

ON RENEWAL APPLICATIONS ONLY--THERE IS A MANDATORY PENALTY FEE OF 25% OF THE RENEWAL FEE FOR OPERATING A FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT AFTER THE DEADLINE (CHAPTER 3717 OF THE OHIO REVISED CODE).

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 Facility		Name of License Holder	
Address		E-mail Address	
City		State	Zip
Phone # (____) _____	Fax # (____) _____	Check if Applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
WATER SOURCE INFORMATION (Please check the appropriate box regarding facility's water source): <input type="checkbox"/> Public Water (City or County Utilities) Please specify: _____ <input type="checkbox"/> Private Well or Other Water System <input type="checkbox"/> Ohio EPA Public Water System (Please provide ID Number, if known): _____			
Name of Individual(s) certified in Food Protection and Certificate Number(s) (use additional sheet(s) if necessary)			

Mailing Address for Annual Renewal, if Different than above:

Name of Parent Company or Owner		Phone # (____) _____	
Address		E-mail Address	
City		State	Zip
<i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i>			
Signature		Date	

Licenser to complete below

Category			
License Fee	+ Late Fee (if applicable)	+ State Amount	= Total Amount Due

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

By	Date	Audit No.	License No.
----	------	-----------	-------------