

2019 Application and Letter of Intent for a License to Conduct a Temporary:

(check only one)

Instructions:

- Food Service Operation
 Retail Food Establishment

1. Complete **all** applicable sections that apply to your set-up.
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 PROGRAM
529 E. Home Road
Springfield, OH 45503**
5. Questions can be directed to (937) 390-5600, Monday – Friday, 7:30 a.m. – 5:00 p.m.

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 (Company/Group/Organization, Etc.)			
Name/Location of Event			
Address of Event			
City/State/Zip		E-mail Address	
Start Date	End Date	Operation Time(s)	
Name of License Holder		Contact Person/Contact Cell Phone No. (**REQUIRED**)	
Address of License Holder			
City		State	Zip
MENU - List of 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
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Licenser to complete below

Valid date(s)-Maximum of 5 Days	License Fee: <input type="checkbox"/> Commercial \$24.00 per day x _____ days = \$ _____ <input type="checkbox"/> Non-Commercial \$12.00 per day x _____ days = \$ _____
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PROOF OF "NON-COMMERCIAL" CLASSIFICATION MUST BE PROVIDED TO OUR OFFICE (EXAMPLE—IRS DETERMINATION LETTER) IN ORDER TO PAY NON-COMMERCIAL FEE

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

By	Date
Audit No.	License No.

PLEASE COMPLETE THE INFORMATION ON THE BACK PAGE OF THIS APPLICATION.

