

APPLICATION TO CONDUCT A TEMPORARY: (check only one)

- 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: **KENT CITY HEALTH DEPARTMENT** for **\$36.00**
4. Return check and signed application to: **KENT CITY HEALTH DEPARTMENT**
325 SOUTH DEPEYSTER STREET
KENT, OHIO 44240

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 us not issuing the license. This action is governed by Ohio Revised Code 3717.

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:			Phone Number:
Address of license Holder (include city, state, zip)			
List all foods being served or sold:			

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

Signature: _____

Date: _____

LICENSOR TO COMPLETE BELOW

Valid Date(s): _____

License Fee: _____

APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE OHIO REVISED CODE.

BY: _____

DATE: _____

AUDIT #: _____ LIC #: _____

PAID BY: _____

TEMPORARY FSO/RFE PRE-LICENSE/INSPECTION CHECKLIST

YES	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment and utensils clean, sanitized, & in good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical refrigerators and/or freezers (for storing all potentially hazardous foods)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator thermometers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot hold food units <ul style="list-style-type: none"> • Describe hot hold units: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product (probe) thermometer (at least 0-220°F)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food from approved sources (such as grocery store, Sysco, etc.) <ul style="list-style-type: none"> • Identify food sources: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potable water supply (municipal, tested and approved well water, or bottled water) <ul style="list-style-type: none"> • Identify potable water supply: _____ • Identify hot water supply: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hair restraints (hat, visor, bandanna, hair net, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposable gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand wash station <ul style="list-style-type: none"> • Water dispenser with spigot • Catch basin • Hand soap • Paper towels • Hand wash sign
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three compartment sink (or three dishpans, buckets, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dish soap (Dawn, Palmolive, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitizer <input type="checkbox"/> chlorine <input type="checkbox"/> quaternary ammonia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test strips <input type="checkbox"/> chlorine <input type="checkbox"/> quaternary ammonia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food prep sink (for washing produce)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage container
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food prep personnel in good health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restroom facilities on site of event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food choking poster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor in good repair <ul style="list-style-type: none"> • Describe flooring: _____

Walls in good repair
• Describe walls: _____

Ceiling in good repair
• Describe ceiling: _____

Lights covered
Additional information: _____

Draw a diagram (top view) of your temporary food service operation. Include all equipment, sinks, prep and storage areas, & hand wash station.

