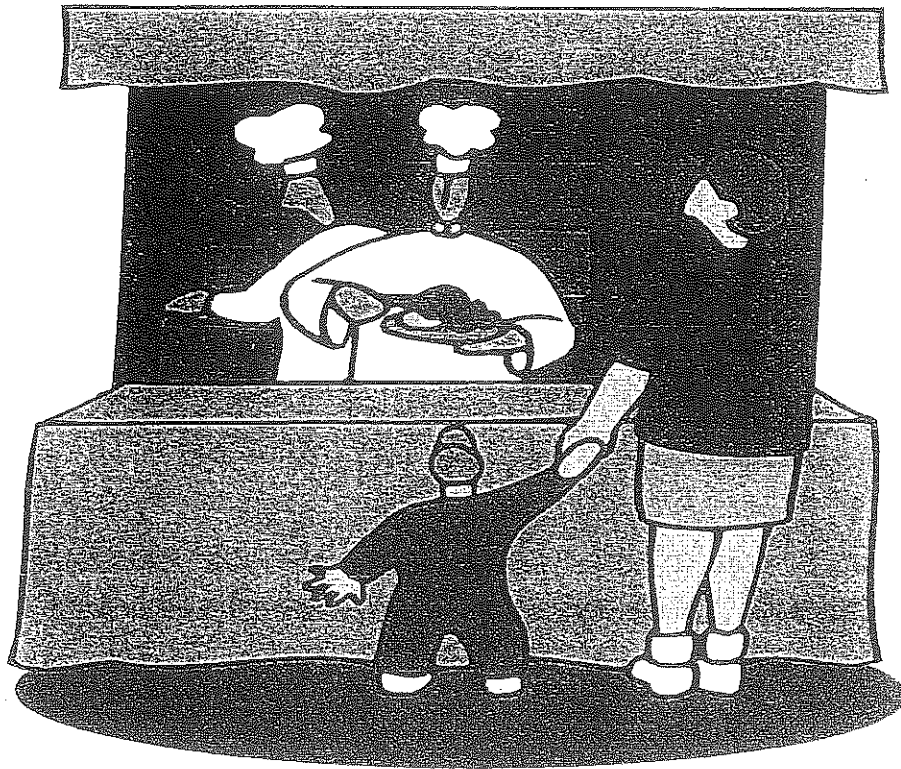


Temporary Food Service Operation /  
Retail Food Establishment  
License Application



Williams County Health Department



Public Health  
Prevent. Promote. Protect.

Please Return Completed Application And Fee To:  
310 Lincoln Avenue P.O. Box 146  
Montpelier, Ohio 43543  
Phone: 419-485-3141  
Fax: 419-485-5420

## OPERATION REQUIREMENTS

1. You are required by state law to obtain a food service license even for a one day event. Complete an application and pay for the permit at least 10 days before the event.
2. All potentially hazardous foods must be prepared at the site or in a licensed facility. **POTENTIALLY HAZARDOUS FOODS CANNOT BE PREPARED AT HOME.** (Potentially hazardous foods are foods that contain meat, poultry, eggs, milk, cheese, etc.) **HOME CANNED FOODS ARE PROHIBITED TOO.**
3. You must have a meat thermometer to check hot and cold food temperatures.
4. Keep cold foods cold (below 41°F). This applies to all meats, poultry, eggs, milk, cheese, etc. and foods that contain these ingredients.
5. Keep hot foods hot (heat to 165°F then hold above 135°F). This applies to all meats, poultry, eggs, etc. and foods that contain these ingredients.
6. If cold food is on ice, the ice must be drained and the ice cannot be used in beverages.
7. All food must come from an approved source, including water and ice. (You cannot make ice at home or obtain water from your well without first having it tested.)
8. Potentially hazardous food cannot be thawed at room temperature. Thaw in a refrigerator, as part of the cooking process, or in a microwave oven.
9. Wash hands before starting work, during work, after eating, drinking, smoking, or using the restroom.
10. Hair restraints are required for everyone preparing food.
11. Smoking is not allowed in the food preparation area.
12. Bare hand contact with ready-to-eat foods is prohibited. Use utensils, disposable gloves, tissue paper, etc.
13. Facilities must be available to wash, rinse, and sanitize all utensils and equipment. This includes 3 tubs, water, dish soap, and unscented liquid household bleach. (See photo)
14. A hand washing station must be set up at the food preparation area. It must have warm water in a spigot type container, soap, paper towels, and a container to catch waste water. (See photo)
15. Food, equipment, single serve items, must be protected. Store up off the ground, covered for insect control, and under a canopy during inclement weather. It is preferred to be set up on pavement.
16. Trash, garbage, and wastewater must be disposed of properly.
17. Non potentially hazardous baked items can be prepared in the home. The operator is required to have a list of the food items, the name and address of the person who prepared each item and a sign posted which reads: "THIS IS A HOME PRODUCED ITEM".
18. **On the day of your event, you may start operation at your scheduled time. An inspection will be made by our Department and your temporary license will be given to you if you are in compliance with all of the above. If you are not in compliance, you will be ordered to correct any violation(s) or immediately cease operation.**

HAND WASH  
STATION

1000

1/2 CAP TO 1  
GAL. WATER

HOT  
HOLDING

HAIR  
RESTRAINTS

PAPER  
TOWELS

WARM WATER

BLEACH  
SANITIZE

WASH  
RINSE

GLOVES

SOAP

135 F OR  
ABOVE THERMOMETER

COLD  
HOLDING  
41 F OR  
BELOW

TRASH

WASTE WATER  
BUCKET

# Application for a License to Conduct a Temporary: (check only one)

## 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:
4. Return check and signed application to:

- Food Service Operation  
 Retail Food Establishment

WILLIAMS COUNTY HEALTH DEPARTMENT  
 310 LINCOLN AVE.  
 P. O. BOX 146  
 MONTPELIER, OHIO 43543

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 |          |                   |
|                                  |          |                   |
|                                  |          |                   |

*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 |
|           |      |

Licenser to complete below

|               |                         |
|---------------|-------------------------|
| Valid date(s) | License fee:<br>\$68.00 |
|---------------|-------------------------|

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

|           |             |
|-----------|-------------|
| By        | Date        |
| Audit no. | License no. |
|           |             |

TEMPORARY FOOD OPERATION PLAN

◆ Please draw a layout of your operation, include your hand washing station, utensil wash area, serving area and equipment. (Also make note of any landmarks to help us locate your operation).

◆ Please list all food to be served:

| FOOD* | SOURCE | WHO PREPARED | WHERE PREPARED | WHEN PREPARED |
|-------|--------|--------------|----------------|---------------|
|       |        |              |                |               |
|       |        |              |                |               |
|       |        |              |                |               |
|       |        |              |                |               |
|       |        |              |                |               |

(CONTINUE ON SEPARATE SHEET IF MORE ROOM IS NEEDED)

|  |  |  |  |
|--|--|--|--|
| Cooking Area:<br>Stove<br>Grill<br>Fryer | Cold Hold: (Below 41° F)<br>Refrigerator<br>Freezer<br>Ice Chest | Hot Hold: (Above 135° F)<br>Warmer<br>Roaster<br>Steam Table | Hot Water:<br>Water Tank<br>Coffee Pot |
|--|--|--|--|

◆ I have read the guidelines and I understand that my inspection and licensing is dependent on fulfilling these requirements completely.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_