

Temporary Food Service Operation / Retail Food Establishment License Application

Please Return Completed Application and Fee To:

310 Lincoln Avenue

Montpelier, Ohio 43543

Phone: 419-485-3141

Fax: 419-485-5420



Public Health
Prevent. Promote. Protect.



Williams County Health District

OPERATION REQUIREMENTS

1. You are required by state law to obtain a license to prepare and/or serve/sell food, even for a one-day event. Complete an application and pay for the license **at least 10 days before the event.**
2. All time/temperature controlled for safety food (TCS food) products must be prepared at the site or in a licensed facility. **TCS FOODS CANNOT BE PREPARED AT HOME.** (TCS foods are foods that contain meat, poultry, eggs, milk, cheese, etc.)
3. **HOME CANNED FOODS ARE PROHIBITED**
4. You must have a meat thermometer to check hot and cold food temperatures.
5. Keep cold foods cold (below 41°F). This applies to all meats, poultry, eggs, milk, cheese, etc. and foods that contain these ingredients.
6. 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.
7. If cold food is on ice, the ice must be drained and the ice cannot be used in beverages.
8. 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 the well water tested.
9. Potentially hazardous food cannot be thawed at room temperature. Thaw in a refrigerator, as part of the cooking process, or in a microwave oven.
10. Wash hands before starting work, during work, after eating, drinking, smoking, or using the restroom.
11. Hair restraints are required for everyone preparing food.
12. Smoking is not allowed in the food preparation area.
13. Bare hand contact with ready-to-eat foods is prohibited. Use utensils, disposable gloves, tissue paper, etc.
14. 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).
15. 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).
16. Food, equipment, and single-serve items must be protected. Store at least six inches (6") off the ground, covered for insect control, and under a canopy during inclement weather. It is preferred to be set up on pavement.
17. Trash, garbage, and wastewater must be disposed of properly.
18. Non-TCS food products that are baked may be prepared in the home. The operator is required to have a list of the baked 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".
19. **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.**



Examples of Allowable Insulated Containers and Spigots



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

☐ Food Service Operation

☐ Retail Food Establishment

OPERATOR / LICENSE HOLDER INFORMATION			
Temporary Food Operation / Establishment Name			
License Holder			
Name _____		Name _____	
Email _____		Email _____	
Telephone _____		Telephone _____	
Mailing Address (number & street)	City	State	Zip Code
EVENT INFORMATION			
Event Name			
Event Address (number & name)			
Event Coordinator (if applicable) Name & Contact Information			
Prep Start Time (date & time)		Operation Ends (date and time)	
Serving Start Time (date & time)			
PERSON(S) IN CHARGE ON-SITE DURING THE EVENT			
Name	Cell Phone	Time on Duty	

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

Licensors to complete below

Valid date(s):

License fee: \$55.00

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

By

Date

Audit no.

License no.

Approved Date Effective Date

FOOD SAFETY INFORMATION – please list all equipment below

Menu Items List all food and beverages	Food Source From where will you be getting the food? (e.g. restaurant, grocery store)	Prep Location (If not on-site, list the licensed facility)	Food Transportation Equipment used to transport food (e.g. Cambro, insulated bag)	Cold Holding Equipment used on-site to keep cold foods cold	Hot Holding Equipment used on-site to keep hot foods hot

OPERATION NAME:

EVENT NAME:

EQUIPMENT LAYOUT DRAWING / DIAGRAM

Please sketch the layout of your operation, including serving areas, hand washing station, dish washing area, equipment, and trash cans. Also note any landmarks that will help our staff locate your operation.

My signature below verifies that I have read the Operation Requirements and I understand that my licensing and inspection is completely dependent on completely fulfilling those requirements.

Print Name	
Signature	
Date	

OPERATION NAME:

EVENT NAME: