

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

Instruction:

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

**Adams County Health Department
 923 Sunrise Ave
 West Union, OH 45693**

Before the 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.

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|----------------------------------|------------------|--------------------|---------------|
| Name of temporary food facility: | | | |
| Location of event: | | | |
| Address of event | | | |
| City | State | Zip | Email |
| Start date: / / | End date: / / | Operation time(s): | |
| Name of license holder: | | | Phone number: |
| Address of License holder | | | |
| City | State | Zip | Email |
| List all foods being served/sold | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

I herby 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: |
|----------------|--------------|

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

| | |
|-----------|-------------------------|
| By | Date |
| Audit no. | License no. 5077 |