

200 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: ZANES.-MUSK. CO. HEALTH DEPT. for
4. Return check and signed application to: ZANESVILLE-MUSKINGUM CO HEALTH DEPT.
205 N. 7TH STREET

ZANESVILLE OH 43701-3791

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 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 HERE BY 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 No. _____

LICENSE No. _____