TEMPORARY FOOD OPERATION

Name of Event: ____________________________ Date of Event: __________ Time: ____________

Location of Event: ____________________________ Contact Person: ____________________________

Organization: ____________________________________ Non Profit □ Yes □ No

Phone Number: ______________ Address: ____________________________

Food is to be obtained from where: ____________________________

Menu: ____________________________________________

Place where food is to be prepared: ____________________________

Methods of maintaining hot food at 135° degrees or above: ____________________________

Methods of maintaining cold food at 41° degrees or below: ____________________________

Equipment and utensils to be used: ____________________________

Describe methods to be used for proper washing, rinsing, and sanitizing of equipment and utensils: ____________________________

Describe facilities available for food handlers to wash their hands: ____________________________

Describe method food handlers will use to avoid direct hand contact with ready to eat foods (i.e. gloves, tongs, etc.) ____________________________

* Please complete diagram on reverse side.

I certify I have read the guide to temporary food operations. I have or will have all equipment and utensils available necessary to conduct temporary food operations. I will also dispose of all liquid and solid wastes in accordance with all applicable laws, rules, and regulations. I am aware I am subject to a Health Department inspection at any time during operation of the food service.

Signature ____________________________ Date ____________________________ Sanitarian ________________

Checked items below will be required equipment for your operation:

□ Metal stem type thermometer (range 0 to 220°F to test the internal temperature of hot & cold held foods.
□ Detergent & sanitizer for use in 3-compartment method of sanitizing utensils.
□ Hair restraints for food workers who are working around exposed food or clean equipment (hats, hair coverings, or nets.
□ Soap & paper towels for hand washing station.
□ Thermometers in coolers.
□ Display ingredients for baked goods/handout provided.
□ If connecting to water source, must provide an approved water hose & a backflow prevention device.
□ Clean-up & Disinfection for Norovirus handout explained & provided.
Diagram must include:
- Hand washing station
- Food preparation area
- Hot and cold holding (i.e. roasters, coolers, refrigerators etc.)
- 3 compartment utensil washing station
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: HEALTH DEPARTMENT
4. Return check and signed application to: Zanesville-Muskingum County
   205 North 7th Street
   Zanesville, OH 43701

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.

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:

Address of License holder

City

State

Zip

Email

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

Licensor 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.

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