

## 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 220F 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:
4. Return check and signed application to:

- Food Service Operation  
 Retail Food Establishment

**HEALTH DEPARTMENT**  
**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:			Phone number:
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
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**Licensors to complete below**

Valid date(s):	License fee:
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.