2024 Application for a L	icense to Condu	ıct a: (check o	nly c	one) []	Food S	Service Operation	
				[]	Retail I	Food Establishmen	it
Instructions: 1. Complete the applic 2. Sign and date the ap 3. Make a check or mo 4. Return check and sign	oplication. ney order payable gned application b	e to: ZMCHD	2024 Mus Stre	4* skingum C set		Health Dept	
*There is a mandatory pen food establishment after th	•					•	or retail
Before license application submitted. Failure to comp a license. This action is go	lete this application	on and remit the	e pro				
Name of Facility			Name of License Holder				
Address						E-mail	
City			State			ZIP	
Phone #	Fax		1			if applicable	
Name of individual certified in	n food protection (if	any) and their co	ertific				mes)
Mailing address for annua	renewal if differe	ent than above	 :				
Name of parent company or owner				Phone #			
Address				E-mail			
City				State		ZIP	
I hereby certify that I am the principle of the principle			ed re	epresenta	tive, of	the food service op	peration
Signature						Date	
Licensor to complete belo	w			1			
Category Micro-market							
License fee	Late fee	+ State amo	tate amount =			Total amount due	
Application approved for li	cense and certifie	ed as required l	y Cl	hapter 37	17 of th	e Ohio Revised Co	ode
By)ate	Audit no.		License no			

AGR 1269 (Rev. 5/13) Ohio Department of Agriculture HEA 5319 (Rev. 5/13) Ohio Department of Health