

Application for a License to Conduct a Temporary:

(check only one)

Food Service Operation

Retail Food Establishment

Instructions:

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: **Massillon City Health Department**
4. Return check and signed application to:
Massillon City Health Department
111 Tremont Avenue SW
Massillon, OH 44647



Massillon City Health Department

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 | | |
| Name of Event | | |
| Address of Event | | |
| City | State | Zip Code |
| Start Date | End Date | Operation Times |
| Name of License Holder | | Phone # |
| Address of License Holder | | |
| City | State | Zip Code |
| 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 |
|-----------|------|

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. |

Massillon City Health Department
111 Tremont Avenue SW
Massillon, Ohio 44647

Food Safety Program - Temporary Food Service License Information Form

A TEMPORARY FOOD SERVICE OPERATION shall be charged a fee of \$20 per day for a single event, not to exceed five (5) consecutive days at the exact location. For the safety of the Public whom you are serving, all of the following are required. Final approval for issuance of the permit will be given after the application is reviewed by the Health Commissioner or Sanitarian.

Name of Operation: _____

Person in Charge: _____ Phone/Cell # _____

(A person in charge must be present at all times during operation)

Where will food items and beverages be purchased? _____

All food must be prepared on site or in a licensed food service operation and transported to the temporary location in a safe manner. **No foods may be prepared or cooked at home!**

Food Storage: List the types of equipment to be used for storage of hot and cold foods. _____

Describe Hand-washing Facilities: _____

Disposable gloves must also be available for servers with cuts or injuries to hands.

Equipment and Utensils: A three-compartment sink or bucket system must be provided. Use hot, soapy water for washing, hot water for rinsing, then rinse using a sanitizing solution, let air dry. Describe the system and sanitizer you will use: _____

Water Supply/Waste Removal: The operator of a temporary food service operation must demonstrate to the satisfaction of the Health Department: a safe water supply, wastewater disposal method, garbage/refuse disposal, and location of toilet facilities. List the provider or method to be used: _____

Note: Food workers must have clean clothes, clean hands, and hair restraints. No smoking is allowed in the food booth and hands must be washed well after a smoking break. Unauthorized people or animals are not permitted in the food service operation.

Don't forget to have a fire extinguisher, disposable gloves, some kind of sanitizer for disinfecting, and a thermometer for checking food temperatures.

No bare-hands contact with food! Use gloves or utensils.

ABSOLUTELY NO HOME-PREPARED FOODS ARE PERMITTED!

**Please make a drawing of your floor plan on the back of this page using
The following information and example.**



Massillon City Health Department

Revised 9/2016

Temporary Food Service Operation Layout Drawing

PLEASE MAKE YOUR DRAWING ON THE BACK OF THE APPLICATION AND INDICATE THE FOLLOWING ITEMS:

1. Food Preparation / Cooking
2. Food / Paper Goods Storage
3. Hot & Cold Food Holding Facilities
4. Hand Washing
5. Refuse Containers
6. Equipment / Utensil Washing (three-compartment sink or bucket system)
7. Fire Extinguisher
8. Water Supply (include location of water spigots, if provided)
9. Wastewater Disposal (sanitary sewer and/or holding containers)

**PLEASE PUT YOUR DRAWING ON THE BACK OF PAGE 2
OF THE APPLICATION**

