



# COLUMBUS PUBLIC HEALTH

Teresa C. Long, M.D., M.P.H., Health Commissioner  
240 Parsons Avenue  
Columbus, Ohio 43215-5331



## 2010 Food Safety Program Temporary Food License Information Form

**\*\*Complete and Return with Application and Fee\*\***

Before opening a temporary food service or retail food operation you must complete this form and send payment to the Columbus Public Health **10 DAYS** before the event.

Name of Operation \_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Address or nearest address \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Starting Time (when food will be served) \_\_\_\_\_

Person In Charge\* \_\_\_\_\_

NAME

DAY OF EVENT CONTACT NUMBER/ CELL #

\*A person in charge must be present at all times during operation

**Menu:** List all foods and beverages to be served. \_\_\_\_\_

\_\_\_\_\_

**Source:** All food must be purchased from a licensed grocery store or restaurant. All food must be prepared on site or in a licensed food service operation and transported to the temporary food service location by a method approved by the Health Department. **Do not prepare or cook food at home.** List the source of all foods and beverages to be served. \_\_\_\_\_

\_\_\_\_\_

**Hand Washing Facilities:** Describe the type of hand washing system to be used. \_\_\_\_\_

\_\_\_\_\_

**Food Storage:** Mechanical refrigeration must be used for overnight storage of potentially hazardous foods. List the type of equipment to be used for storage of hot and cold food. \_\_\_\_\_

\_\_\_\_\_

**Equipment and Utensils:** A 3-compartment sink or bucket system must be provided and used with an approved sanitizer for washing, rinsing and sanitizing of equipment and utensils. **List (a) the dishwashing system and (b) the sanitizer to be used.** \_\_\_\_\_

\_\_\_\_\_

**Support Facilities:** The operator of a temporary food facility must demonstrate to the satisfaction of the Health Department, a safe water supply, sewage and waste water disposal system, toilet facilities, and garbage and refuse disposal system. List the provider or method to be used. \_\_\_\_\_

\_\_\_\_\_

**Note:** Food workers must have clean clothes, clean hands, and hair restraints. No person with a communicable disease, nausea, vomiting, fever, fever with sore throat, diarrhea, jaundice, cuts, or sores is to sell, prepare or in any way be in contact with food to be sold. Smoking is not allowed in food preparation areas. Only people assigned to work in food preparation areas are to prepare and serve food; unauthorized people and animals are not allowed in the operation.

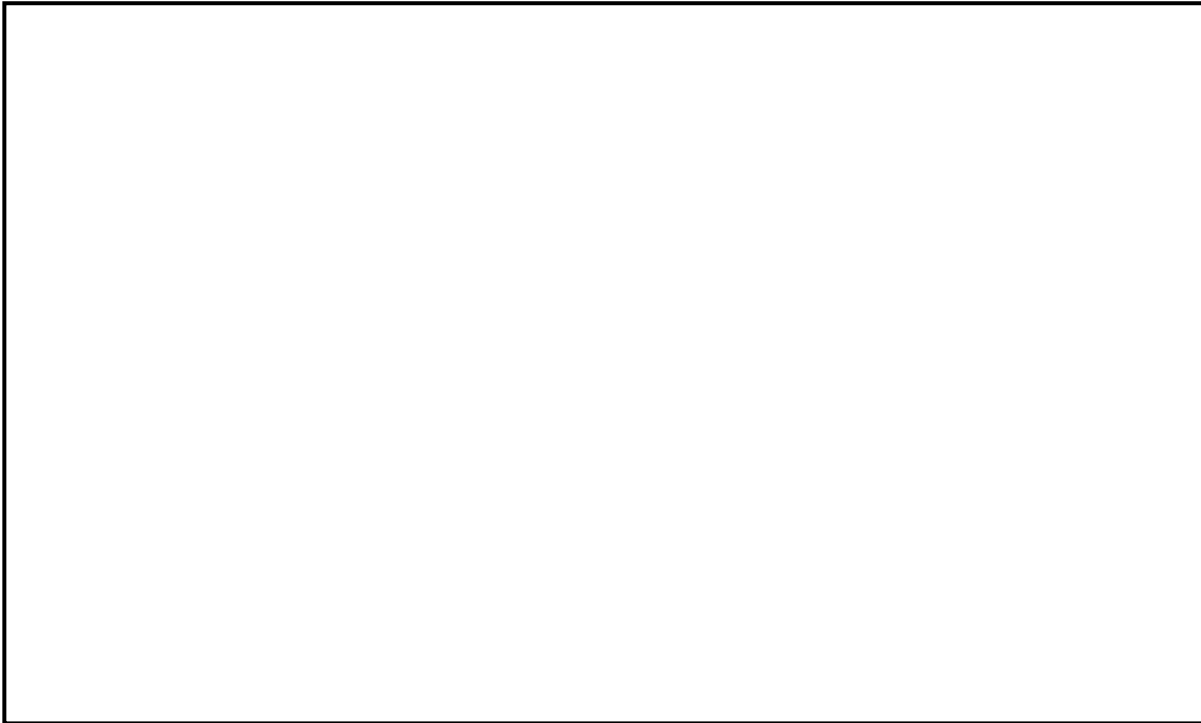
## LICENSE FEE

- \$76.00 per day ([rate for 2010](#))
- \$38.00 per day for 501(c)3 non-profit organization with proper documentation ([rate for 2010](#))
- Make checks or money orders payable to the **Columbus City Treasurer**
- The license will be delivered to you the day of the event
- The fee, information form and application must be sent **10 days before event** to:  
Columbus Public Health  
Environmental Health Licensing Program  
240 Parsons Ave  
Columbus, OH 43215

**Questions please contact:** Bob Kramer, 614-645-6747, Ann Tomlinson, 614-645-7243, or Rob Acquista at 614-645-6176.

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A diagram of your temporary food booth **MUST** be drawn below:



**Make sure you included these items:**

- Handwashing station
- Dishwashing (3 buckets or sinks)
- Location of equipment, coolers, etc
  - Prep tables
  - Service area



Columbus Public Health  
240 Parsons Ave  
Columbus, OH 43215  
[www.publichealth.columbus.gov](http://www.publichealth.columbus.gov)



# APPLICATION FOR A LICENSE TO CONDUCT A TEMPORARY

## 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: **Columbus City Treasurer**
4. Return check and signed application to:



Columbus Public Health  
 Environmental Licensing Program  
 240 Parsons Ave  
 Columbus, Ohio 43215  
 www.publichealth.columbus.gov

Check only one...

- Food Service Operation  
 Retail Food Establishment

Before 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 Facility		Name of License Holder	
Address			
City	State	Zip	
Phone #	Fax #	Check if Applicable <input type="checkbox"/> <b>Catering</b> <input type="checkbox"/> <b>Seasonal</b>	
Name of license holder		Phone number	
Address of license holder			
City	State	Zip	
Name of individual certified in food protection (if any) and their certification number. (Use back for additional names)			
<b>Mailing address for annual renewal if different than above:</b>			
Name of parent company or owner			Phone #
<b>* 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:</b>			
Signature		Date	

### Licensors to complete below

Category			
License fee	+ Late fee	+ State Amount	= Total Amount
<b>Application approved for license as required by Chapter 3717 of the Ohio Revised Code.</b>			
By	Date	Audit no.	License no.