

Application for a License to Conduct a Temporary: (check only one)

Instruction:

- Food Service Operation**
 Retail Food Establishment

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: **Fulton County Health Department**
4. Return check and signed application to: **Fulton County Health Department**
606 S. Shoop Avenue
Wauseon, OH 43567

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 herby 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

Licensors to complete below

Valid date(s):	License fee: 42.00
----------------	------------------------------

Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.