

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

Instructions:

Food Service Operation

Retail Food Establishment

Complete the applicable section (Make any corrections if necessary)

1. Sign and date the application
2. Make a check or money order payable to
3. Return Check and signed application to:

Butler County Health Department
301 S. Third Street
Hamilton, OH 45011

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 temporary food facility		
Location of event		
Address of event		
City		State
		Zip Code
Start date	End date	Operation time(s)
Name of license holder		Phone Number
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

Licensors to complete below

Valid dates	License fee
	\$59.00

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

By	Date
Audit no	License no

GUIDELINES FOR TEMPORARY FOOD SERVICE LICENSE

NOTE: Authorization to conduct a temporary food operation will be issued upon inspection of your food booth by Butler County Health Department personnel. To prevent delays in opening your booth, it is suggested that you be completely operational at least one hour prior to the events' starting time.

1. **Structures** must be complete with flooring, walls and overhead covering. Tents are permissible but a minimum of hard flooring shall be provided in all food preparation and serving areas.
2. **Materials** for all counters and tables shall be smooth and easily cleanable.
3. **Lighting** shall be provided on all working surfaces such as sinks, counters and cooking equipment.
4. **Foods** shall be purchased only from approved sources. The use of home canned or other home prepared foods is not permitted. All foods must be prepared at the temporary location or at a licensed food service establishment.
5. **Food Storage** shall be in a manner that all foods are protected at all times and kept a minimum 6 inches off the floor.
6. **Raw Fruits & Vegetables** must be washed before use in a separate area/sink from the hand washing and utensil washing area. Raw fruits and vegetables may be purchased pre-washed and pre-cut from an approved source.
7. **Hot and Cold** storage and thawing of foods
 - (A) All potentially hazardous foods must be stored at less than 41° F or 135° F or above at all times.
 - (B) Cold storage will be accomplished by means of mechanical refrigeration, unless otherwise approved by licenser.
 - (C) Hot storage may be accomplished by means of warming ovens or hot food warming equipment.
 - (D) Metal food thermometer (probe thermometer) must be available to determine that proper temperatures are being maintained.
 - (E) A household refrigerator thermometer may be used for cold storage facilities.
 - (F) Frozen foods must be thawed by any of the following methods:
 - (1) under refrigeration of 41°F
 - (2) as part of the cooking process
 - (3) microwave
 - (4) under cold running water
 - (5) ice to be used for drinks must be stored in a container which is self draining.
8. **Smoking, Eating, and Drinking** is not permitted within the food booth.

9. **Clothing & Hair Control** – Food Service personnel must wear clean clothing and hair must be controlled to prevent contact with food.
10. **Insects** may be controlled by the use of fans.
11. **Water Supply** shall be adequate, of safe quality, and from an approved source.
12. **Utensil Washing Facilities** shall be provided. All eating and multi-use utensils are to be washed, rinsed and sanitized in at least three separate containers. Sanitizing solution of 50 PPM to 100 PPM of chlorine or 200 PPM to 400PPM of ammonia quaternary shall be used. Test papers of the correct type shall be used to determine the sanitizer concentration.
13. **Hand Washing Facilities** must be available at each food operation.
14. **Waste Storage and Disposal** – Disposal of liquids and wastes shall be in the following manner: (A) Liquid wastes shall be held in water-tight containers until final disposal in a sanitary sewer or sewage treatment system: such wastes shall not be discharged onto the surface of the ground. (B) Garbage and refuse shall be stored in metal or plastic containers with plastic liners and tight-fitting lids. These containers shall be emptied and cleaned daily.
15. **Condiments** must be stored in squeeze bottles, pump dispensers or individual packets to protect the product.
16. **Wiping Cloths** must be stored in a sanitizing solution of 50 PPM to 100 PPM of chlorine or 200 PPM to 400PPM of ammonia quaternary.
17. **Food Protection** – Foods on display to the public must be protected by food shields or packaging.

FAILURE TO FOLLOW GUIDELINES CAN RESULT IN INVALIDATING LICENSE TO OPERATE.

**BUTLER COUNTY HEALTH DEPARTMENT
301 SOUTH THIRD STREET
HAMILTON, OH 45011
513-863-1770**

TEMPORARY FOOD OPERATION LICENSE INFORMATION FORM

Name of Event: _____

Name of Contact Person: _____

Phone Number of Contact Person: _____

Date of Event: _____ **Time of Event:** _____

Include a diagram illustrating facility layout (include food booth floor plan, hand washing facility, and wash, rinse, and sanitize facilities).

List all the food items to be prepared and served:

What is the source of the food being served? _____

How will you keep the food hot? _____

How will you keep the food cold? _____

Explain your hand washing facilities:

Explain your utensil / equipment washing and sanitizing facilities:

What are the supporting facilities? _____

List any other pertinent information: _____

Issuance of a temporary food operation license requires final approval of the Butler County Health Department. License fees must accompany this application with **payment** made to the Butler County Health Department. **This application must be received at least 10 days prior to the event.** Late applications will be rejected. Signature acknowledges acceptance of all requirements listed on next page.

Signature: _____ **Date:** _____