

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

**Instruction:**

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:
4. Return check and signed application to:

- Food Service Operation  
 Retail Food Establishment

**Knox County Health Department**  
**11660 Upper Gilchrist Road**  
**Mt. Vernon, OH 43050**

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
Start date: / /	End date: / /	Operation time(s):
Name of license holder:		Phone number:
Address of License holder		
City	State	Zip
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
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**Licenser to complete below**

**\*Commercial - \$36 or Non-Commercial - \$18**

Valid date(s):	License fee
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

**KNOX COUNTY HEALTH DEPARTMENT**  
**TEMPORARY FOOD SERVICE/FOOD ESTABLISHMENT**  
**FACILITY PLAN REVIEW**

**FOOD:**

A: List ALL proposed food and beverage items to be prepared and/or served and sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Where will these items be purchased?

- Local grocery store(s)  
Name(s) \_\_\_\_\_
- Other supplier(s)  
Name(s) \_\_\_\_\_

C. Where will these items be prepared?

- On location during the event
- At a licensed food service operation/commissary  
Name of operation \_\_\_\_\_
- At a church, fire station  
Name of facility \_\_\_\_\_

**FOOD PROTECTION:**

A. How will the food be kept cold (41°F or below)?

- Mechanical refrigeration
- Cooler chests
- Other – Specify \_\_\_\_\_

B. How will the food be cook and/or kept hot (140°F or above)?  
**NO CROCKPOTS FOR COOKING POTENTIALLY HAZARDOUS FOODS.**

- Stove
- Electric roasters or skillets
- Charcoal/gas grills
- Gas camping stoves
- Other – Specify \_\_\_\_\_

C. Water source – (Water that will be used for cooking or serving):

- Municipal supply (name of municipality) \_\_\_\_\_
- Public water supply (name or PWS# of supply) \_\_\_\_\_
- Private water supply (water sample required or water must be boiled) \_\_\_\_\_
- Other approved source (name of source) \_\_\_\_\_

**TEMPORARY FOOD SERVICE/FOOD ESTABLISHMENT  
FACILITY PLAN REVIEW (Continued)**

**SANITATION:**

- A. What facilities will be provided for dishwashing? \_\_\_\_\_
- B. Will a handwash sink with running hot/cold water, soap and paper towels be provided? YES  
NO  
If not, then what type of handwash facilities will be provided?  
 Makeshift handwash station with warm water, soap and paper towels  
 Alcohol based moist towelets
- C. How will hot/warm water be provided for handwashing and/or dishwashing?  
 In line hot water heater  
 Stove top burner  
 Coffee urn  
 Other – Specify \_\_\_\_\_

**Draw a sketch of the proposed food service area.** Include the location of the following required items: tables, handwash facilities, food storage, food preparation equipment, hot and cold food holding equipment, dishwashing facilities and trash containers.

**Plan Approval**

Date: \_\_\_\_\_

By: \_\_\_\_\_

## FOOD SAFETY AT TEMPORARY EVENTS

The following is a list of procedures and items for your guidance as you prepare and serve your product to the public.

- Handwashing:** A container of clean water with soap and disposable paper towels, alcohol based handwipes or antibacterial wipes must be provided for the handwashing.
- Disposable Gloves:** Disposable gloves are required when preparing/serving foods that require no further cooking.
- Hair Control:** Hair must be properly under control by use of caps, hairnets and/or having long hair tied back.
- Food Temperatures:** All food requiring refrigeration must be held at **41° F** or lower prior to cooking or serving. All hot foods must be maintained at **135°** or hotter. Food being reheated must be reheated to **165° F** and then maintained at **135° F** or hotter.
- Hot Holding:** Equipment used for keeping food hot must be designed to heat and reheat food evenly and quickly. Home-style crockpots are not for food service use. Electric skillets and/or electric roasters with digital control knobs may be used.
- Thermometer:** A metal stem probe thermometer (**0° F – 220° F**) must be provided to measure temperatures when potentially hazardous foods hamburger, chicken and potato salad are being served.
- Dishwashing:** Containers of soapy water, clean water, and sanitizer water are to be provided for cleaning, and sanitizing utensils, equipment and food contact surfaces. Regular chlorine bleach can be used as a sanitizer. The procedure is wash, rinse, and sanitize.
- Ice Scoop:** A scoop with a handle must be used to serve ice to the customer.
- Food/Equipment Storage:** All food products and food equipment must be covered and stored six inches (6") or more off the ground.
- Tobacco Use:** No tobacco use is permitted in the licensed food area where food is being prepared, served and sold.
- Water Connector:** Use only an approved food grade hose for potable water connections – GARDEN HOSES ARE NOT PERMITTED! We recommend that an A.S.S.E. 1011 backflow preventor be placed on the hose at the water source.

Rev. 4/12/05

**Knox County Health Department**  
**11660 Upper Gilchrist Road**  
**Mount Vernon, OH 43050**  
**740-392-2200**