

TEMPORARY OPERATIONS

Temporary Retail Food Establishments

Ohio Revised Code defines a temporary retail food establishment as a retail food establishment that is operated at an event for not more than five consecutive days. A retail food establishment means a premises or part of a premises where food, over-the-counter drugs, nutrients designed for use in lieu of pharmaceuticals, and products designed for use as dietary supplements are stored, processed, prepared, manufactured, or otherwise held or handled for retail sale.

Temporary Food Service Operations

Ohio Revised Code defines a temporary food service operation as a food service operation that is operated at an event for not more than five consecutive days. A food service operation means a place, location, site, or separate area where food intended to be served for a charge or required donation. As used in this division, “served” means a response made to an order for one or more individual portions of food in a form that is edible without washing, cooking, or additional preparation and “prepared” means any action that affects a food other than receiving or maintaining it at the temperature at which it was received.

Application

Ohio Law requires that each person or government entity seeking a temporary food service operation license or a temporary retail food establishment license apply for a license. A copy of this application is included in this packet. Please be reminded that this license is only valid:

1. For a single event
2. In one location
3. For a period of not longer than five consecutive days
4. For a fee of \$77.00

Ohio law states that an entity seeking a Temporary Food License must apply for the license at least 10 business days prior to the event.

Not more than ten temporary retail food establishment/temporary retail food service operation licenses will be issued per licensing period to the same person or government entity to operate at different events within Stark County. For each particular event, the Stark County Health Department will issue only one temporary retail food establishment/temporary retail food service operation license to the same person or government entity.

General Information

A regular or catering food service operation license cannot be substituted for this license.

Each operator must provide a safe and sanitary operation. The enclosed checklist can be used to help you meet this intent.

When your application is approved, the license will be sent to you.

The license must be displayed in a conspicuous and public manner in your operation during the event.

If you have any questions, please contact the Stark County Health Department at 330-493-9904

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

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:
4. Return check and signed application **to:**

Stark County Health Department
7235 Whipple Ave. NW
North Canton, Ohio 44720

- ☐ 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 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

Licenser to complete below

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.

STARK COUNTY HEALTH DEPARTMENT
TEMPORARY FOOD SERVICE LICENSE APPLICATION

(Please complete this application in as much detail as possible. The approval of your operation depends on the information supplied to us).

I. EVENT:

A. Name of Event _____

B. Location/Directions _____

C. Date(s) _____

D. Serving Time(s) _____

E. Sponsoring Organization _____

II. PERSON IN CHARGE OF FOOD SERVICE OPERATION:

(This person must be present at each unit per shift at the unit and have knowledge of proper food handling, sanitation procedures and use of required equipment)

A. Name _____

B. Address _____

C. Telephone (daytime) _____ Home _____

III. FOOD:

A. List **ALL** proposed menu items (be specific) _____

B. Where will these items be purchased? **(All food products must come from an approved source)**

Local Grocery Name _____

Other Supplier(s) Name _____

C. Where will these items be prepared? **NO HOME PREPARED FOODS OR ICE. Cream, custard, or pumpkin pies are prohibited unless electrical refrigeration units will be used to hold product.** (Check all applicable boxes)

- ☐ On Location—day of the event
- ☐ At a licensed food service operation:
Name of facility _____
- ☐ At a church or fire station:
Name of facility _____
- ☐ Other:
Name of facility _____

D. When will these items be prepared?

Food Item	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. FOOD PROTECTION:

A. How will the food be kept cold (**41°F or Lower**) at the event and during transportation to the event?

- ☐ Mechanical refrigeration
- ☐ Cooler chests
- ☐ Other—specify _____

*** MECHANICAL REFRIGERATION MUST BE USED FOR OVERNIGHT STORAGE OF POTENTIALLY HAZARDOUS FOOD**

B. How will the food be cooked and/or kept hot (**135°F or Higher**)
Use crockpots only for holding foods at 135°F or higher; Do not use to cook foods.

***METAL STEM THERMOMETER MUST BE USED TO MEASURE FOOD TEMPERATURES**
(See Food Handling Guidelines for food cooking temperatures)

- | | |
|--|--|
| ☐ Stove | ☐ Electric Roasters or Skillets |
| ☐ Charcoal/Gas Grills | ☐ Gas Camping Stoves |
| ☐ Other - specify _____ | |

V. EQUIPMENT and UTENSIL / HANDWASHING

- A. Provide complete explanation of how people working at the sale site will wash their hands. **(Must provide warm running water, soap, and paper towels. Hand sanitizers are NOT a substitute for hand washing)**

- B. **HOW** and **WHEN** will food equipment and utensils be cleaned? (Explain by using the wash - rinse - sanitize method)

- C. What type of sanitizer will be used for both equipment and food contact surfaces?

***MUST PROVIDE TEST STRIPS AND COMPARISON CHART FOR CHECKING CHEMICAL SANITIZER STRENGTH**

VI. SUPPORT FACILITIES

- A. What is your water source? _____
- B. Where will waste water be disposed? _____
- C. Where are the restrooms located? _____

VII. TEMPORARY OPERATION FLOOR PLAN DIAGRAM (or attach copy)

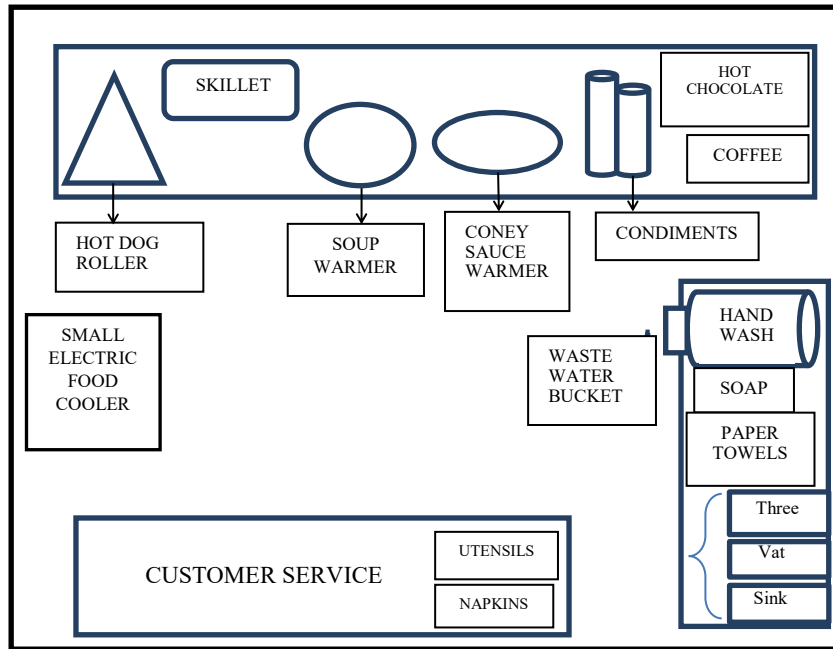
Please draw the layout for your temporary food facility in the space below. Identify all equipment used for cooking all food items and also, the hot-food & cold-food holding equipment being used. Illustrate where the temporary handwashing facility will be set-up along with the three compartment sink dishwashing facility area. Indicate the main customer service area/ work table where customers will be attended to and will order/pick up food items. A checklist and temporary food facility layout example has been provided for you.

CHECKLIST:

- Main Customer Service Area/Table
- Cooking Equipment
- Hot-Food Holding Equipment
- Cold-Food Holding Equipment
- Temporary Handwashing Facility
- Temporary Three-Compartment Sink

(PLEASE SKETCH PLAN DIAGRAM ON REVERSE SIDE)

EXAMPLE



Please return this application form and \$77.00 fee to:

**STARK COUNTY HEALTH DEPARTMENT
ATTN: FOOD SERVICE
7235 Whipple Avenue NW
North Canton, OH 44720
Phone: (330) 493-9904
Fax: (330) 493-9924**