TEMPORARY FOOD SERVICE APPLICATION

Please complete this application and return to the Delaware Public Health District

Name of Temporary Food Service Operation: ___________________________________________________

Organization Name: _______________________________________________________________________

Contact Person: ______________________________ Contact Phone Number: _______________________

Contact Email Address: ____________________________________________________________________

Event Address: ___________________________________________________________________________

Date(s) of Event: _______________________________________ Time(s) of Event: ____________________

Name and address of licensed location where food is to be prepared (if other than at the event site):
________________________________________________________________________________________

COMPLETE listing of every food/beverage to be offered for sale and their sources:

<table>
<thead>
<tr>
<th>FOOD ITEM</th>
<th>Use additional sheet if necessary</th>
<th>SOURCE</th>
</tr>
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<tbody>
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Provide an explanation of how all HOT FOODS will be kept at 135° F or above:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Provide an explanation of how all COLD FOODS will be kept at 41° F or below:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Note: Time Temperature controlled for Safety (TCS) (perishable) foods will NOT be allowed to remain in the 41°F -135°F range. A stem type thermometer (0-220° F) is required to measure internal food temperature.

Explain how all foods will be transported to the serving site (including how foods will be protected from contamination and how acceptable food temperatures will be maintained):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List all equipment and utensils that will be used at the event site for preparation, display, storage, and serving of food items (Examples: Grill, roaster, tongs, spoons, cooler, etc.):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Explain how all food will be protected from possible contamination by dust, insects, the public (accidental sneezing, coughing) and other possible contaminates. (Example: wrapping baked items individually in saran wrap):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe the method and location of hand washing that workers will use at the event site:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Explain how all utensils, equipment or food contact surfaces will be washed, rinsed and sanitized during the event:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Will you have an approved water supply available?

________________________________________________________________________________________

How will you dispose of waste water?

________________________________________________________________________________________

Explain how all waste items will be stored and removed from the site:

________________________________________________________________________________________

List the surface finishes of floors, walls and ceilings at location where food will be prepared/sold:

________________________________________________________________________________________

Attach a floor sketch of the operation showing where equipment will be placed and the location of the toilet facilities.
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:

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.

<table>
<thead>
<tr>
<th>Name of temporary food facility</th>
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<tbody>
<tr>
<td>Location of event</td>
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<tr>
<td>Address of event</td>
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<tr>
<td>City</td>
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<tr>
<td>Start date</td>
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<tr>
<td>Name of license holder</td>
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<td>Address of license holder</td>
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<tr>
<td>City</td>
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<tr>
<td>List all foods being served/sold</td>
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</table>

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 |

Licensor to complete below

| Valid date(s) | License fee: |

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

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<th>By</th>
<th>Date</th>
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| Audit no. | License no. |

AGR 1271 (Rev. 11/00) Ohio Department of Agriculture
HEA 5331 (Rev. 11/00) Ohio Department of Health