



## TEMPORARY FOOD SERVICE APPLICATION

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

**COST FOR TEMPORARY EVENTS = \$60 PER DAY**

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:

FOOD ITEM	SOURCE
Use additional sheet if necessary	

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):

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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.):

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

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

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

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Will you have an approved water supply available?

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How will you dispose of waste water?

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

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

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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**:

- 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		
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*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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## Licensors 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.