

**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: **Toledo-Lucas County Health Department**
4. Return check and signed application to: **Toledo-Lucas County Health Department**

- Food Service Operation  
 Retail Food Establishment

**635 N. Erie Street, Room #352  
 Toledo, OH 43604**

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): to
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:*

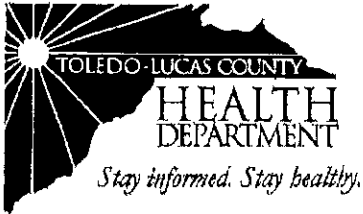
Signature	Date
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**Licenser to complete below**

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.



# TOLEDO-LUCAS COUNTY TEMPORARY FOOD LICENSE APPLICATION

419-213-4100 (option 3)

[www.lucascountyhealth.com](http://www.lucascountyhealth.com)

## APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PUBLIC EVENT INFORMATION:

Name of Public Event: \_\_\_\_\_

Event Location (Name & Address): \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Service Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Food Service End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Food Service Start Time: \_\_\_\_\_ AM/PM End Time: \_\_\_\_\_ AM/PM

When will food preparation begin? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Time: \_\_\_\_\_ AM/PM

Estimated Number of Meals to be Served Each Day: \_\_\_\_\_

**TEMPORARY APPLICATION MUST BE SUBMITTED AT LEAST 10 BUSINESS DAYS PRIOR TO EVENT  
IN ORDER TO RECEIVE THE NON-COMMERCIAL RATE, YOU MUST PROVIDE YOUR ORGANIZATION'S  
501(c)(3) PAPERWORK WITH THIS APPLICATION**

**I AM AWARE THAT THE TEMPORARY MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.**

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUIPMENT LIST:**

Identify equipment used at your temporary food establishment. Check all boxes that apply.

**A Hand Wash Station**

- Large insulated container with a free-flowing spigot, warm water, hand soap, paper towels and a large catch bucket
- Hand sink
- Self-contained portable unit
- Other \_\_\_\_\_

**B Cooking/Reheating Equipment**

- Grill/BBQ
- Fryer
- Oven
- Roaster
- Other \_\_\_\_\_

**C Cold/Hot Holding Equipment**

- Ice chest/cooler with ice
- Refrigerator
- Freezer
- Steam table
- Grill/BBQ
- Chafing dish w/ fuel (indoor only)
- Slow cooker/roaster
- Other \_\_\_\_\_

**D Floor/Overhead Protection\***

- Food is prepared & served indoors
- Floors are cleanable and water-proof  
Describe: \_\_\_\_\_
- Canopy/tent
- Screening, if needed
- Other \_\_\_\_\_

**E Cleaning/Sanitizing**

- Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- Extra utensils
- Bucket with sanitizing solution and wiping cloth(s)
- Sanitizer

**F Other**

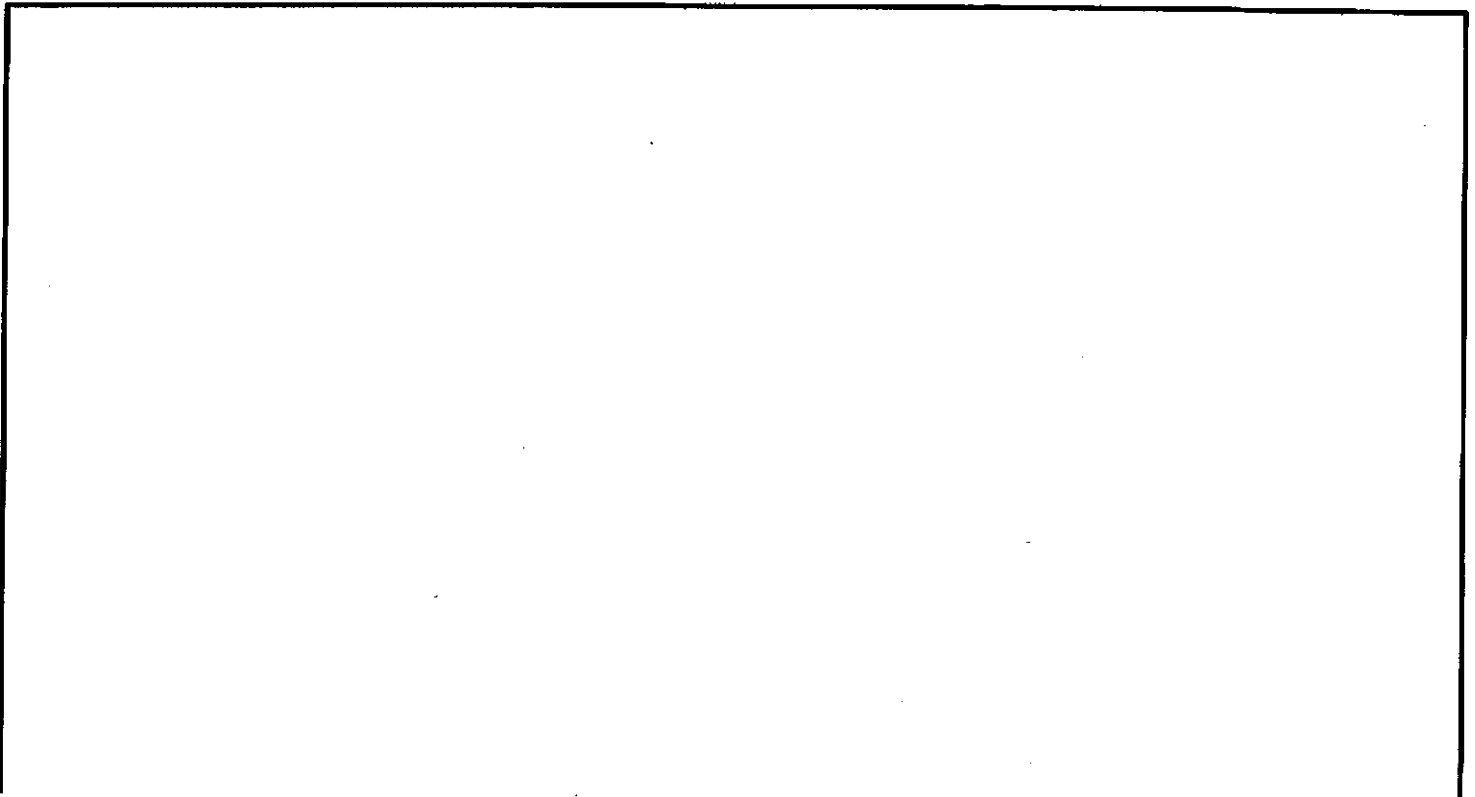
- Chemical test strips to test sanitizer solution
- Metal stem thermometer
- Gloves
- Hair restraints
- Electricity available
- Water source (circle all that apply)  
Municipal/City    Water Well    Bottled

\*If extensive food handling occurs, it must be done in a fully enclosed space.

**TEMPORARY LAYOUT:**

In the box provided below, draw a diagram of the temporary including the following items:

- Hand washing station
- Dishwashing station
- Equipment – cold/hot holding
- Food prep area
- Service area





# ADDENDUM A:

## COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility **MUST** obtain approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is **NOT** currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

**Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:**

I, \_\_\_\_\_ allow \_\_\_\_\_  
*Licensed Food Service Operator/Owner* *Organization*

to use \_\_\_\_\_  
*Name & Address of Licensed Facility Used* *Facility License Number*

For:  Food Preparation  Cold Storage  Cooking  Cooling Food  Hot Holding  
 Dry Food Storage  Warewashing  Approved Water Supply  Wastewater Disposal

Date(s) Licensed Facility will be used for this event: \_\_\_\_\_ to \_\_\_\_\_

Time of use: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\_\_\_\_\_  
*Signature of Licensed Facility Owner/Operator*

\_\_\_\_\_  
*Date*

### For Office Use Only

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS: