

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

**CITY OF CLEVELAND
601 LAKESIDE ROOM 122
Cleveland*, OH 44114**

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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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.

**CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH
TEMPORARY FOOD SERVICE INFORMATION**

NAME: _____ EVENT LOCATION: _____ DATE _____

FOOD PROTECTION

If food is prepared in advance, how will it be transported to the event and where was it prepared:

A. How will the foods be held cold (< 41°F)?

- Mechanical Refrigeration
- Cooler Chests
- Other - Specify _____

B. How will the food be cooked and / or held hot (> 135°F)?

NO CROCKPOTS FOR COOKING POTENTIALLY HAZARDOUS FOODS

- Stove
- Electric Roasters or Skillets
- Charcoal / Gas Grills
- Gas Camping Stoves
- Other - Specify _____

C. Name of water source - (water that will be used for cooking or serving):

- Municipal Supply
Name of Municipality _____
- Other Approved Source
Name of Source _____

Below make a detailed drawing of your floor plan.

Show all equipment and utensils, support facilities and serving areas.