

*2019 TEMPORARY  
FOOD LICENSE  
APPLICATION*

**Toledo Lucas County  
Health Department**

---

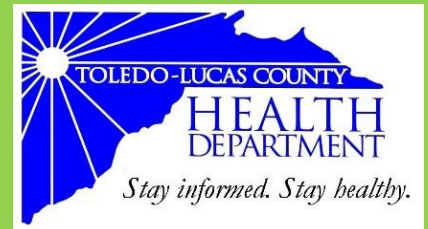
**[www.lucascountyhealth.com](http://www.lucascountyhealth.com)**

---

**419-213-4100**

**Ext: 3**

---



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

**Instruction:**

- Food Service Operation  
 Retail Food Establishment

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**  
**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
-----------	------

**Licenseor to complete below**

Valid date(s):	License fee:
----------------	--------------

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

By	Date
Audit no.	License no.

As Per AGR 1271 (Rev. 11/00) CHC Software, Inc.  
 As Per HEA 5331 (Rev. 11/00) CHC Software, Inc.

# TEMPORARY FSO/RFE APPLICATION

<u>Festival/Event Info</u>	
Festival/Event Name:	_____
Festival/Event Location:	_____
Festival/Event Address:	_____
Start Date:	_____ Stop Date: _____

<u>Operator Info</u>	
Name:	_____
Street Address:	_____
City/State/Zip:	_____
Phone Number:	_____
Email Address:	_____

## Please Note:

**\*\* Applications MUST be submitted THREE (3) business days prior to event \*\***

**\*\*Commercial price for 2018 only: \$92.22 \*\***

**\*\* Non-commercial price for 2018 only: \$46.11\*\***

**\*\*A 501 C3 MUST be submitted with the application to receive the Non-Commercial rate.\*\***

*www.lucascountyhealth.com*

*419-213-4100 Ext. 3*

## PERSON-IN-CHARGE

You must designate a Person-in-Charge who is knowledgeable about proper and safe food handling practices and can answer questions correctly regarding food safety as asked by your inspector. A Person-in-Charge must be present at the Temporary Food Service at all times.

List the Name(s) of the Person-in-Charge at your site.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What time will you start setting up? \_\_\_\_\_

What time will you start preparing food? \_\_\_\_\_

What is the desired time for inspection to take place? \_\_\_\_\_

Office Use Only: Sanitarian District \_\_\_\_\_ Initials of person who received paperwork \_\_\_\_\_

## MENU

All food must be purchased from a licensed grocery store or restaurant. All food must be prepared on site or in an Ohio licensed food service operation or retail food establishment and transported to the temporary food service location by a method approved by the Toledo-Lucas County Health Department. **Do not cook or prepare food at home.**

Please use the boxes below to indicate your menu and ingredients.

### Menu

Food Items	Source of food?	How will you keep food cold (Below 41F) or food hot (above 135F)?

## HAND WASHING FACILITIES

Hand washing set up must be present when working with open food. This shall consist of hot water(100°F), soap, paper towels, and a trash bin. Water shall come from an approved source.

Where will you be getting your water? \_\_\_\_\_

Check off what you will provide:

- Insulated Thermos-style container with free flowing spout.
- Portable hand sink. Provide make & model #: \_\_\_\_\_
- Other, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Providing hand sanitizer after hand washing is recommended. Hand Sanitizer is to be used as an addition to hand washing, not as a replacement.

## FOOD STORAGE

---

How will food be protected from contamination?:

---

---

---

Bare hand contact is not allowed with cooked foods.

Check off what items you will provide to accomplish this:

- Single-use disposable gloves
- Tongs, spoons, utensils
- Deli tissue
- Other, please describe in detail: \_\_\_\_\_

## EQUIPMENT AND UTENSILS

---

A thermometer will need to be available to take temperatures of the food. Please indicate below what kind of thermometer you will be using:

Check off which style you have:

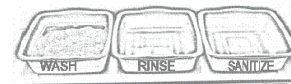
- Digital thermometer 0° F to 220°F
- Dial-face thermometer 0° F to 220°F



A 3-compartment sink or bucket system shall be provided and used with an approved sanitizer for washing, rinsing and sanitizing of equipment and utensils.

Check off which type of containers you will provide:

- Dishpans
- Buckets
- Other, please describe in detail: \_\_\_\_\_



Check off which chemical sanitizer you will provide:

- Plain chlorine bleach
- Quat ammonia liquid and Sanitabs.

Check off which sanitizer test paper you will provide:

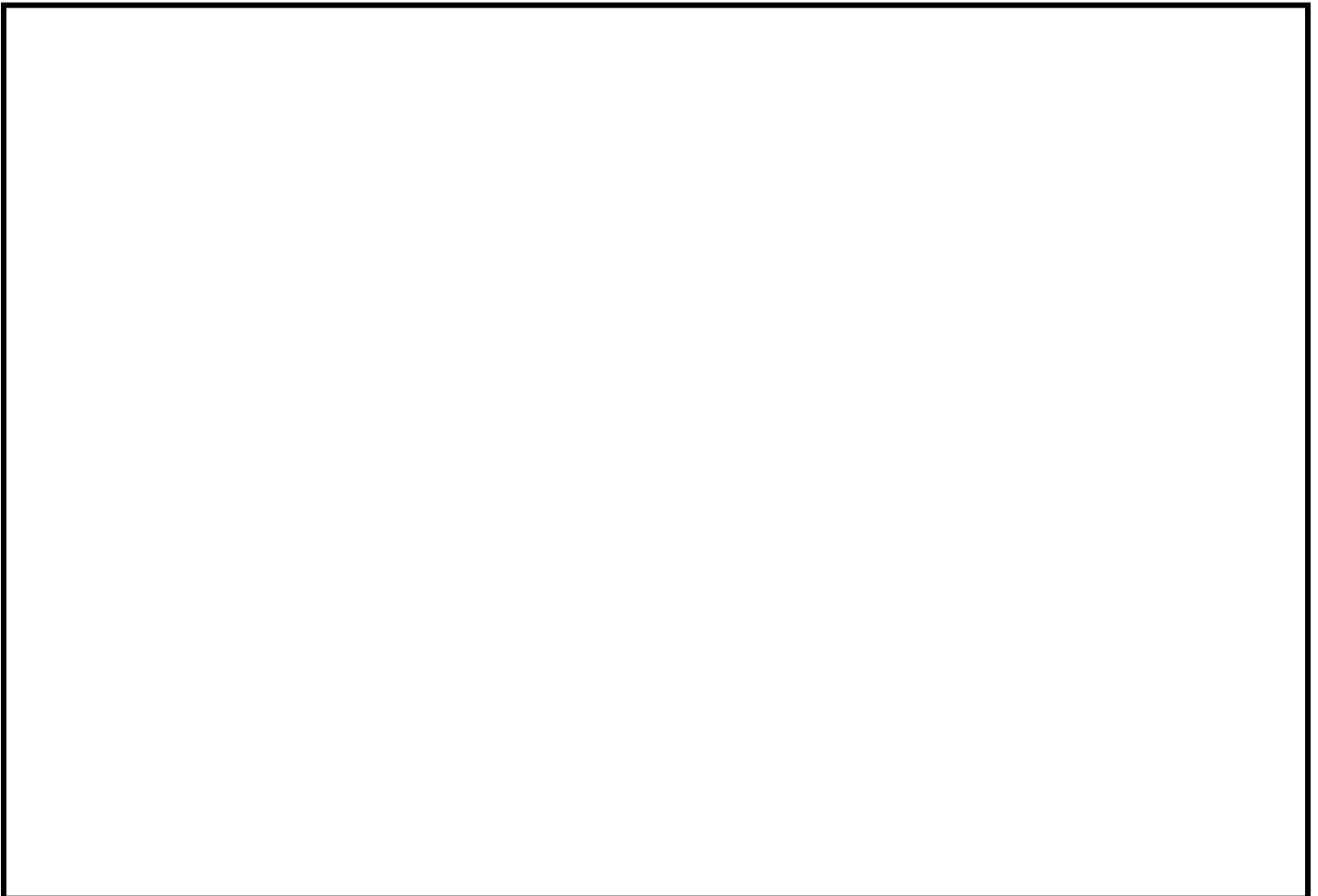
- Chlorine Test Papers are for Plain Chlorine Bleach (50-100ppm is required)
- Quat Test Papers are for Quat Ammonia liquid and Sanitabs (200ppm)

## TEMPORARY LAYOUT

---

In the box provided below, please draw a diagram of your temporary food booth. Make sure the following items are included:

- Hand washing station
- Dishwashing (3 buckets or sinks)
- Location of equipment, coolers, etc.
- Prep table
- Service area



## Top Ten Steps to Safe and Sanitary Temporary Food Events

### 1. Permits

You must fill out and return the Temporary Food Application with payment to the Toledo-Lucas County Health Department. This will allow the Toledo-Lucas County Health Department to know where the event will be held, what you plan to serve, where the food will come from, how you will prepare and transport the food and the precautions that you will take to keep your food safe.

### 2. Booth

Design your booth with food safety in mind. Make sure that your booth is appropriate for the venue, and that equipment used for food safety is acceptable (e.g.: Chafers with Sternos are not recommended in outdoor settings). The ideal booth will have an overhead covering, be entirely enclosed except for the serving window and have only one door flap for entry. Only food workers may be permitted inside the food preparation area. No animals or children allowed in the booth.

### 3. Menu

Keep your menu simple, and keep TCS foods (meat, eggs, dairy products, potato salad, etc.) to a minimum. Use only foods from approved sources. **Do not use food that has been prepared at home.** If food needs to be transported from a licensed facility, use refrigerated trucks or insulated containers to keep hot foods hot (above 135°F) and/or cold foods cold (below 41°F)

### 4. Cooking

Use a food thermometer to check cooking and cold holding temperatures of all food. Whole pork, whole beef, and seafood to 145°F; Hamburgers and other ground beef should be cooked to 155°F; Poultry to 165°F.

### 5. Hand Washing/Food Handling

You shall have a hand washing set up available at all times. It must have hot running water under pressure, or gravity flow (such as a large urn full of water) for hand washing. Soap, a roll of paper towels, and a bucket to collect waste water shall also be provided.

### 6. Health and Hygiene

Only healthy workers can prepare and serve food. Anyone who shows symptoms of disease: nausea, vomiting, fever, fever with sore throat, diarrhea, jaundice, or who have open sores or infected cuts on the hands are not allowed in the food booth. Workers shall wear clean outer garments and shall not smoke in the booth.

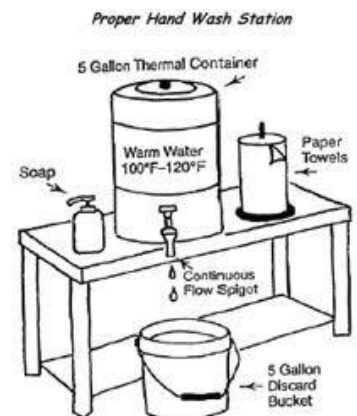
### 7. Dish Washing

Use disposable utensils for food service. Wash equipment and utensils in a 3-step process: wash in hot, soapy water, rinse in hot water, and rinse in chemical sanitizer. Utensils and dishes shall be air dried.

### 8. Ice

Ice used to cool cans and bottles should not be used in drink cups. Ice used for drinks should be stored separately. Use a scoop to serve ice, never the hands or cup.

### 9. Wiping Cloths



Prepare sanitizing solution according to manufacturer's specifications. Use proper test strips to make sure that solution is at the proper concentration (50-100ppm for chlorine, 200 for Quat). Check the solution every hour and change if it is not the proper concentration

#### **10. Insect Control and Trash**

Keep foods covered to protect them from insects. Place garbage in a trash can with a tight fitting lid.

## Temporary Food Service License

- Food Service Temporary Application must be submitted three (3) business days prior to event.
  - A Temporary Food Service License will be issued at the time of inspection.
  - Please refer to our website for pricing, as prices change every year.
  - No refunds will be granted.
  - Temporary Food Service License is good for five (5) consecutive days.
  - There is a maximum of ten (10) temporary licenses allowed per licensing year (March 1<sup>st</sup> – February 28<sup>th</sup>).
  - A person-in-charge must be available on site at all times.
  - All food must be prepared on site the day of the event; not at home.
  - All food must come from a licensed source-Example: grocery store. No home processed food allowed.
  - No cooking or cooling food prior to event unless done properly in a licensed kitchen with prior approval from this department.
  - No eating, drinking, or use of tobacco in temporary licensed area.
  - You must be ready for inspection prior to the beginning of the event.
  - This office reserves the right to refuse licensing if safe food handling requirements are not met at the time of inspection.
- 

*Please use this checklist to help you remember all required items. Refer to your Temporary Food Service worksheet for more details.*



## Equipment Checklist

- Hand washing supplies
  - Continuous flow of hot running water of 100 °F or greater
  - Bucket to catch waste water
  - Soap
  - Paper towels
- Gloves
- Thermometer that reads 0 °F to 220 °F
- Extra utensils
- 3 Compartment sink set up for cleaning utensils, with compartments big enough to hold your largest piece of equipment
- Sanitizer and sanitizer test kit
- Hot and cold holding equipment for all TCS foods
- Mechanical refrigeration for overnight storage
- Separate containers for washing vegetables
- Ice scoop with handle, if you are using ice
- Bucket for sanitizing wiping cloths

# Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on illness due to norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A virus

*The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.*

**I AGREE TO REPORT TO THE PERSON IN CHARGE:**

**Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

**Future Medical Diagnosis:**

Whenever diagnosed as being ill with norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

**Future Exposure to Foodborne Pathogens:**

1. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_