

**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: **DARKE COUNTY HEALTH DEPT.**

4. Return check and signed application to: **DARKE COUNTY GENERAL HEALTH DISTRICT**

**300 GARST AVENUE  
GREENVILLE, OH 45331**

**Food Service Operation**

**Retail Food Establishment**

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	Email
Start date: / /	End date: / /	Operation time(s):	
Name of license holder:			Phone number:
Address of License holder			
City	State	Zip	Email
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.