Public Health
Prevent. Promote. Protect.
Trumbull County

Trumbull County Combined Health District
194 W. Main St.
Cortland, OH 44410
www.tcchd.org

Frank J. Migliozzi, MPH, REHS, Health Commissioner

Temporary License

Ten days before the event the food vendor shall make application for a license; Include floor plan, equipment, menu and handling procedures with the Trumbull County Combined Health District, TCCHD.
The license fee is $62.80 per event for commercial operations and $31.40 per event for non-profit **operations.** Temporary Food licenses are issued for a maximum of five days. The sanitarian will deliver the license on the first day in conjunction with the inspection.

Food

Food must be from an approved source. Foods shall not be prepared at home. Food not prepared at the temporary food operation, shall be prepared in a licensed facility and transported to the temporary site by a method approved by TCCHD.

Food Protection

a. All potentially hazardous foods shall be maintained at 41°F or below and 135°F or above. Mechanical refrigeration shall be used for overnight storage of potentially hazardous foods.
b. Frozen foods are to be thawed utilizing acceptable methods
c. Foods must be protected. Covers or an approved type food shield for open or exposed food display must be provided.
d. Food and food container shall be stored a minimum of 6 inches above the floor or ground
e. Utensils, gloves for the transfer, preparing and/or serving of foods shall be provided. NO bare hand contact with ready to eat food.
f. Provide and use a probe thermometer to verify cooking and holding temperatures.

Equipment, Utensils and Supplies

All of these items are needed.
Hand washing facilities. Method will be approved by the TCCHD based on food type and preparation.
Three compartment sink or equivalent (three bucket system)
Sanitizer with test strips. Chlorine (bleach 5.25% concentration), quaternary ammonium or iodine.
Probe thermometer(s), if handling potentially hazardous foods
Cold and hot holding equipment; coolers, grills, etc.
Utensils, disposable gloves

Structural Requirements

If determined by the TCCHD that floor, walls or ceilings are necessary, the materials used must be smooth, impermeable and easy to clean

Support Facilities

Water is to be provided from an approved source only
Adequate sewage-waste water disposal site(s)
Portable toilet facilities, hand sinks and garbage/refuse disposal are required.

Temporary Food Service Information

Trumbull County Combined Health District

Name: _____ Event _____
Location: _____ Date: _____

What foods will be prepared and served: (menu) All food must be prepared on-site

_____

_____

What is the source of food: (specify where it is being purchased)

_____

_____

How will foods be held hot: (above 135° F)

_____

How will foods be held cold: (below 41° F)

_____

What type of handwashing facilities **will** be used by employees:

_____

_____

What type of equipment and utensils will be used:

_____

_____

How will equipment be cleaned and sanitized:

_____

_____

What kind of support facilities will be used: (storage truck, cooler)

_____

What kind of toilet facilities will be used:

_____

What/where is the source of potable water supply including hot water supply and w hat is **the**
means for disposal:

_____

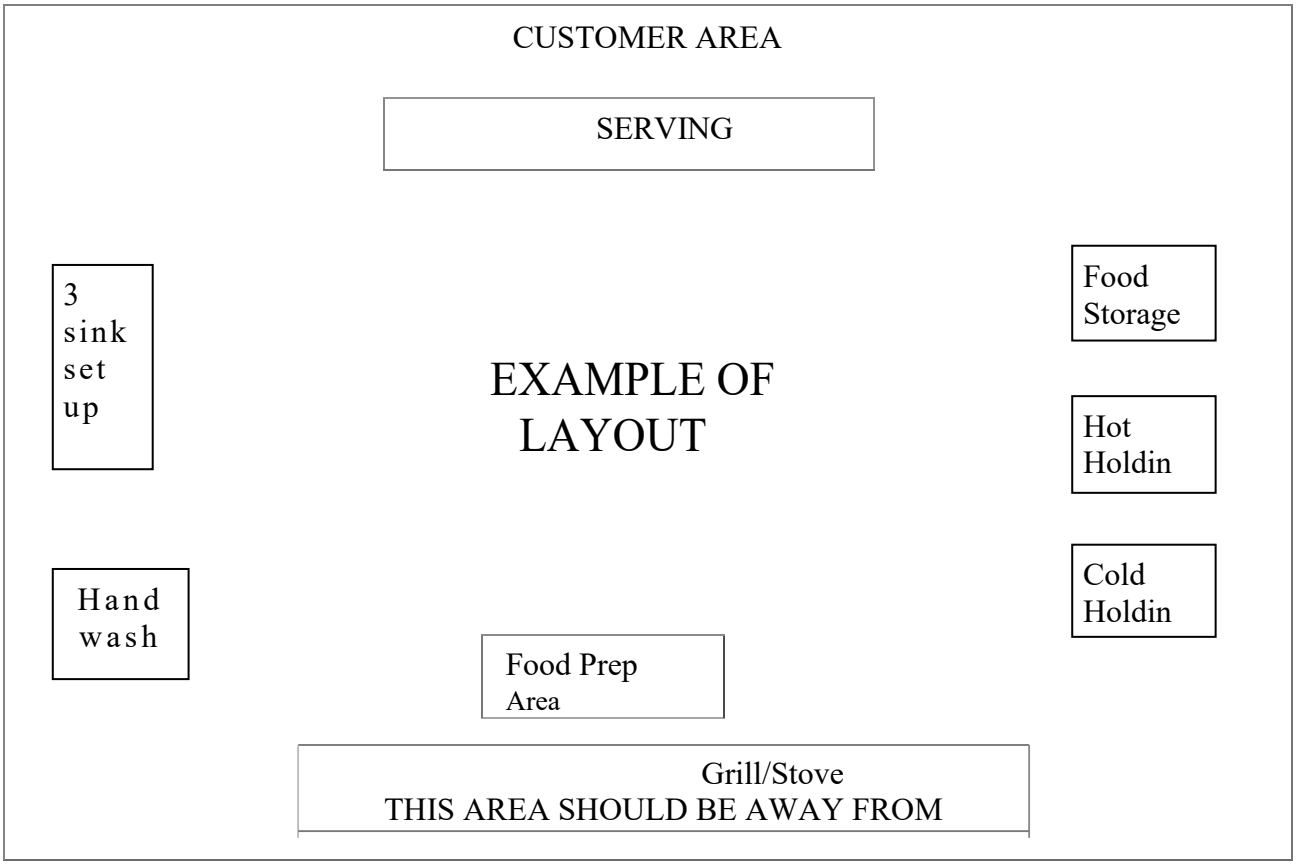
IN ACCORDANCE WITH OAC 3701-21-02..../F *ALL REQUIRED DOCUMENTS, INCLUDING PAYMENT, ARE NOT RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT, A LICENSE WILL NOT BE ISSUED AND FOOD WILL NOT BE ALLOWED TO BE SERVED.*

Provide a drawing showing the layout. An example is provided on the next page
Include Location of Dumpsters or means of Garbage Disposal

OFFICE USE ONLY

Reviewed by: _____ Date Reviewed: _____

Approved _____ Disapproved _____ **Reason: _____**


CUSTOMER AREA
SERVING
3 sink set up
Food Storage
EXAMPLE OF LAYOUT
Hot Holdin
Cold Holdin
Hand wash
Food Prep Area
Grill/Stove
THIS AREA SHOULD BE AWAY FROM

Dumpster

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			

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

Licensor 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