



Public Health
Prevent. Promote. Protect.
Geauga Public Health

Geauga Public Health Temporary Food Service Operation and Retail Food Establishment Application

A temporary food service operation (TFSO) or a temporary retail food establishment (TRFE) must obtain a license from Geauga Public Health prior to the event at which the TFSO or TRFE is to be operated. A TFSO or TRFE is a site where food is prepared or served for a charge or required donation and is operated at an event for **no more than five consecutive days.**

- ❖ **You must submit the completed Temporary Food Application packet at least ten (10) business days prior to the event.**
- ❖ Temporary Food Service License will be issued at the time of inspection
- ❖ No refunds will be granted
- ❖ Temporary Food Service Licenses are valid for the duration the event, but no longer than 5 consecutive days.
- ❖ There is a maximum of 10 temporary licenses permitted during a licensing year. From February 28th to March 1st of the following year.
- ❖ A Person-In-Charge must be available during all times of operation
- ❖ All food must be prepared on site on the day of the event. **NO FOOD PREP AT HOME!**
- ❖ All food must come from an approved source (i.e. grocery stores)
- ❖ No cooking or cooling of food prior to event is permitted
- ❖ No eating, drinking, or using tobacco in the temporary.
- ❖ You must be ready for inspection prior to the beginning of the event
- ❖ If you have any questions prior to the event, contact Geauga Public Health at 440-279-1914.
- ❖ Geauga Public Health reserves the right to refuse licensing of your temporary facility if safe handling requirements are not met at the time of inspection.

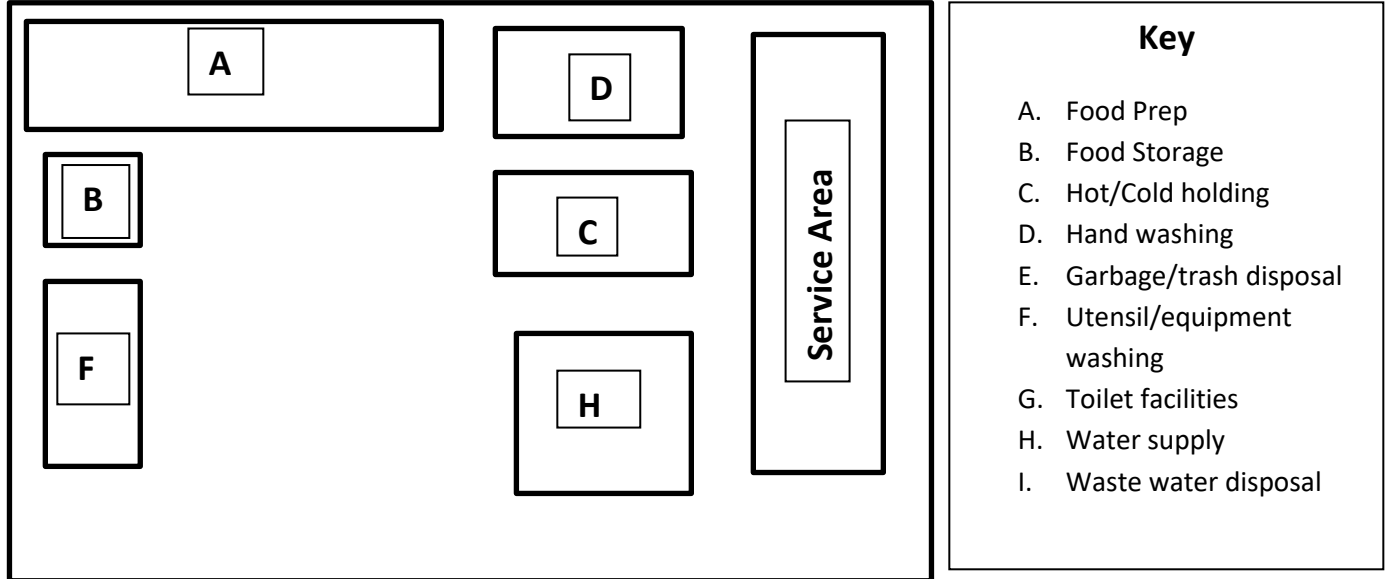
Service times

What time will you be setting up?	
What time will you be ready for inspection?	
What hours will you be operating?	
How many days will your operation be open?	

Temporary layout

Draw a diagram showing how your temporary food service or food establishment will be set-up for operation. Please ensure that the drawing is legible and accurate.

Example:



A large empty rectangular box provided for the user to draw their own temporary food service layout.

Checklist

Check off all that applies, these items must be present before licensing.

Thermometer

- Digital
- Dial Face (0F to 220F)
- Not serving temperature sensitive items. Not applicable

Hand washing station

The hand sink must have soap, warm/hot water and paper towels.

- Insulated Thermos-style container with free-flowing spout and catch basin for waste water
- Portable hand sink
- All products are pre-packaged and there is no food handling. Not applicable.

Dishwashing station

You must provide three containers large enough to immerse your dishes & utensils in soapy water in 1st compartment, rinse in 2nd, and sanitize in 3rd with quat or bleach with accompanying test strips. Provide area to air dry. Check off the type of dishwashing set up you will have.

- Dishpans
- Buckets
- Portable 3 compartment sink
- Bleach (unscented) sanitizer with test strips
- Dishsoap
- Quat sanitizer with test strips
- No food preparation, all products are pre-packaged. Not applicable.
- Other, describe: _____

No Bare hand contact with food. Check off how you intend to prevent bare hand contact.

- Disposable, single use gloves. **No latex gloves**
- Utensils
- Deli tissue
- No food preparation, all products are pre-packaged. Not applicable.
- Other, please describe: _____

Hair cover

All employees must have their hair properly covered.

- Hats
- Hair nets
- Beard Nets
- Other, please describe: _____

Potable water for hand washing and dishwashing must come from an approved source.

- Provided by the festival/event organizer
- NOTE: Hoses used for water supply must be food grade.**
- Municipal water will be brought to the site in clean food grade containers.
- Other (No un-tested well-water), please describe: _____

Warm water for hand washing and dish washing

- Electric coffee maker
- Provided by the festival/event organizer
- Water will be warmed on a grill or stove
- Other, please describe: _____

How will you maintain cold food at 41F or less and hot food at 135F or greater during transportation and service?

- Not serving any temperature sensitive items. Not applicable.

Transport

- Cooler with ice
- Mechanical refrigeration
- Insulated containers
- Cambros

Service

- Cooler with ice
- Mechanical refrigeration
- Insulated containers
- Cambros
- Grill
- Steam tables/ roasters
- Others, please describe: _____

Temporaries are not permitted to set up on grass. How will this be prevented?

- Asphalt/concrete
- Plywood
- Other, please describe: _____

How will food be protected from contamination from the environment and people?

- Tent
- Protective structure
- Event is indoors
- Food is 6 inches off the ground.
- Food will be covered or have sneeze guards.
- Other, please describe: _____

Fees

- Commercial \$60.00
- Non-profit \$30.00

I hereby certify that the information provided to Geauga Public Health is accurate and correct.

I agree to follow all of the previously listed requirements contained within this packet while licensed by Geauga Public Health in order to operate a Temporary Food Service or Temporary Food Establishment.

I fully understand that any deviation from the above information without permission from Geauga Public Health may nullify final approval.

If you are unsure if your event requires a license, please contact Geauga Public Health to determine if a license is required, prior to submitting application and fee.

Signature: _____ Date: _____

Printed Name: _____

Email: _____

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

Geauga Public Health
12611 Ravenwood Dr., Suite 300
Chardon, OH 44024

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 herby 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.