

Temporary Food License Information Form

Before opening a temporary food service or retail food operation, you must complete this application form and send payment to Columbus Public Health. The application and payment must be received at least **5 DAYS before the event.**

Name of Temporary Food Facility: _____

Person In-Charge Name*: _____

Person In-Charge Email*: _____

Person In-Charge Phone/Cell Number (for day of event)*: _____

Event Name and Venue: _____

Event Coordinator and Contact Information: _____

Address or Nearest Address: _____

Date(s) of Event: _____

Starting Time (when food preparation will begin): _____

**A person in charge must be present at all times during operation*

Menu: All food must be prepared on site or at a licensed facility and transported to the temporary food service location by a method approved by Columbus Public Health. **Do not prepare or cook food at home.** List all foods and beverages to be served. **If preparing food at licensed food service operation please include a copy of the food license.**

Source: All food must be purchased from a licensed grocery store or licensed wholesale distributor (Example: Kroger, Giant Eagle, Costco, Gordon Food Services). List all food and beverage sources.

Equipment and Utensils: Describe the type of cooking equipment and utensils you will plan to use.

Hand Washing Facilities: How will staff wash their hands? What equipment will be used to setup a hand sink? How will the waste water be collected from washing hands?

Food Storage: Plug-in refrigerator or freezer must be used for overnight storage to keep food safe. List the type of equipment to be used for storage of hot and cold food.

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Dishwashing (Wash, Rinse & Sanitize): A 3-compartment sink or bucket system must be provided and used with an approved sanitizer for washing, rinsing and sanitizing of equipment and utensils. **List (a) the dishwashing system and (b) the sanitizer to be used.**

Support Facilities: Where are you getting and storing clean water? Where will liquid wastes from washing hands and equipment be stored? Where will you dump these wastes? What restrooms will you use? Where and how will trash be stored? Where will you throw trash away after the event?

Grills and Fryers: How will you cover grills and food handling areas (for example, lid and metal sheets must be over grills and deep fryers)? How will you prevent rain and dust from contaminating food, clean equipment, and food preparation areas?

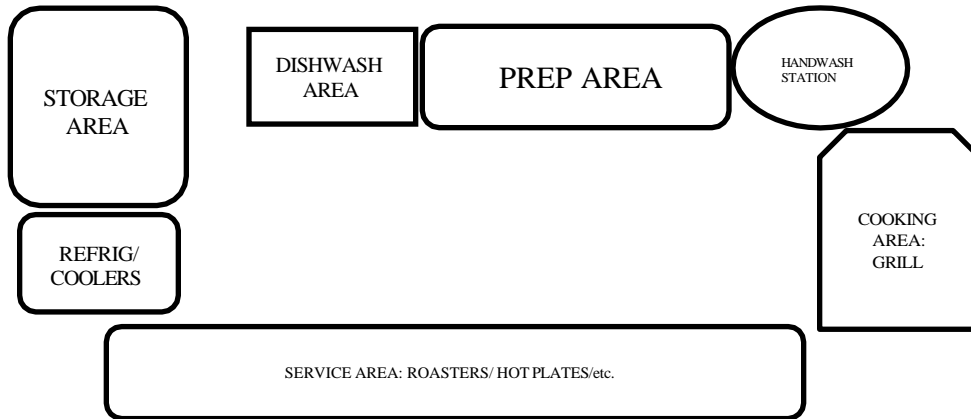
Food Booth Diagram: Please draw your setup below and include: handwashing station; dishwashing (3 buckets or sinks); location of equipment, coolers, etc.; prep tables; and service area. The drawing must be legible and labeled.

License Fee

- \$30 per day (2024 licensing year)
- \$15 per day for 501(c)3 non-profit organization with proper documentation
- Make checks or money orders payable to the **Columbus City Treasurer**.
- The license will be delivered to you the day of the event.
- The fee, information form and application must be received at least **5 days before the event**. Send to:

Columbus Public Health
Environmental Health Licensing Program
240 Parsons Ave. Columbus, OH 43215

Example of a proposed temp food site: under an 8 X 10 tent



Application for a License to Conduct a Temporary

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: **Columbus City Treasurer**
4. Return check and signed application to: Columbus Public Health
Environmental Health
240 Parsons Ave.
Columbus, OH 43215

<p>Check only one:</p> <p><input type="checkbox"/> Food Service Operation</p> <p><input type="checkbox"/> Retail Food Establishment</p>
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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		Name of Event	
Event Address			
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:
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

AGR 1271 (Rev. 11/00) - Ohio Department of Agriculture
HEA 5331 (Rev. 11/00) - Ohio Department of Health