



Lake County General Health District

Temporary Food Service Operation & Temporary Retail Food Establishment

Application Packet

A temporary food service operation (TFSO) or a temporary retail food establishment (TRFE) must obtain a license from the Lake County General Health District 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 not more than five consecutive days. All food preparation must be done on site or in a licensed kitchen (**NO COOKING FOODS AT HOME**). All food (and ice) must be obtained from an approved source (i.e. licensed food service, grocery store, butcher, etc.)

- ✓ Complete the **ENTIRE** TFSO & TRFE application packet and return it to the Lake County General Health District no later than ten (10) days prior to the event.
- ✓ Pay the TFSO/TRFE fee of \$150 by cash or check (for a commercial organization) or \$75 (for a non-profit 501(c)(3) organization). Sorry, there are **NO REFUNDS** permitted if the event does not take place when scheduled. **No out of state checks permitted.**
- ✓ The Lake County General Health District will contact you prior to the event to ensure that proper procedures will be followed and to answer any questions you may have.
- ✓ The Lake County General Health District will inspect your TFSO/TRFE on the day of the event. A license will be issued only if the temporary matches the pre-approved plans.
- ✓ Any questions or concerns prior to the event please contact the Lake County General Health District at 440-350-2543.
- ✓ Please contact the local Fire Department for fire safety regulations in the community that the event is being held in.

SERVICE TIMES

What time will you start setting up?	
What time will you be ready for inspection?	
What hours will you be operating each day of the event?	

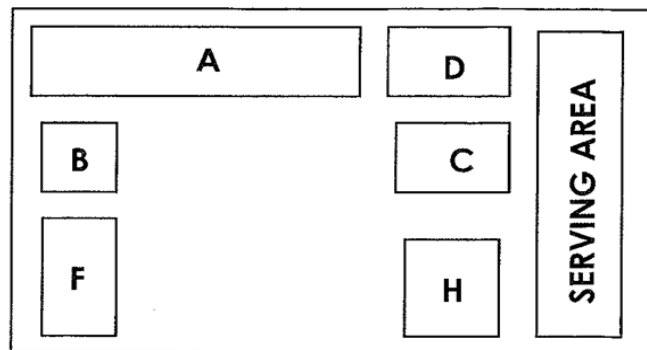
Draw a diagram showing how your temporary food service or food establishment will be set-up for operation. Please ensure that the drawing is legible and accurate.

- o Show location of the handwashing and dishwashing set-up.
- o Show location & label ALL tables and storage areas.
- o Show location & label ALL cooking and hot holding equipment.
- o Show location & label ALL cold holding equipment.
- o Indicate where the customer service area is located.

Example:

TEMPORARY OPERATION FLOOR PLAN DIAGRAM - Please use corresponding letters to indicate appropriate areas in the space below:

- A. Food Preparation
- B. Food Storage
- C. Hot and Cold Food Holding Facilities
- D. Hand-washing
- E. Garbage/Trash Disposal
- F. Utensil/Equipment Washing
- G. Toilet Facilities
- H. Water Supply
- I. Waste Water Disposal



Example of Temporary Operation
Floor Plan Diagram

FLOOR PLAN DIAGRAM:

**YOU MUST HAVE A METAL STEM
THERMOMETER BEFORE LICENSING**

Check off which style you have:

- ☐ Digital Thermometer
- ☐ Dial-Face Thermometer (0°F to 220°F)

YOU MUST HAVE A HAND WASH STATION

You must have warm water, soap, and paper towels at your hand wash station.

Check off what you will provide:

- ☐ Insulated Thermos-style container with free-flowing spout and catch basin for waste water
- ☐ Portable Hand sink

YOU MUST HAVE A DISHWASHING STATION

You must provide three containers large enough to immerse your dishes & utensils.

Check off which types of containers you will provide:

- ☐ Dishpans
- ☐ Buckets
- ☐ Other, please describe: _____

**YOU MUST PROVIDE SANITIZER AND
TEST STRIPS FOR THE DISHWASHING STATION**

Check off which Sanitizer and Test Strips you will provide:

- ☐ Chlorine Bleach (Unscented) and Chlorine Test Strips
- ☐ Quaternary Ammonium (ex. Sani Tabs) and Quat-10 Test Strips
- ☐ Iodine and Iodine Test Strips

**NO BARE HAND CONTACT IS ALLOWED
WITH READY-TO-EAT FOOD ITEMS**

Check off the items you will use to accomplish this:

- ☐ Single-Use disposable gloves (**NO LATEX GLOVES**)
- ☐ Utensils, Tongs, Spoons
- ☐ Deli Tissue
- ☐ Other, describe: _____

YOU MUST PROVIDE HAIR COVERING FOR ALL FOOD EMPLOYEES

Check off the type of hair covering to be used:

- ☐ Hats
- ☐ Hairnets
- ☐ Other, describe: _____

POTABLE WATER IS REQUIRED FOR DISHWASHING AND HANDWASHING

Check off how you will provide potable water:

- ☐ 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), describe: _____

WARM WATER IS REQUIRED FOR HANDWASHING AND DISHWASHING

Check off how you will provide a continuous supply of warm water:

- ☐ Electric Coffee Maker

- ☐ Provided by Festival/Event Organizer

- ☐ Water warmed in a container on the grill

- ☐ Other, describe: _____

YOU MUST MAINTAIN COLD FOOD AT 41°F OR LESS AND HOT FOOD AT 135°F OR GREATER DURING TRANSPORTATION AND SERVICE

Check off how you will maintain temperature during transport and service:

Transport:

- ☐ Cooler with ice

- ☐ Mechanical Refrigeration

- ☐ Insulated Containers

- ☐ Cambros

- ☐ Other, describe: _____

Service:

- ☐ Cooler with ice

- ☐ Mechanical Refrigeration

- ☐ Grill

- ☐ Cambros

- ☐ Roasters/Steam tables

FOODS MUST BE COOKED TO APPROPRIATE TEMPERATURES

Check off all of the cooking equipment that will be used:

- ☐ Charcoal Grill

- ☐ Propane Grill

- ☐ Fryer(s)

- ☐ Oven

- ☐ Smoker

- ☐ Electric skillet

- ☐ Other, describe: _____

**TEMPORARY FOOD STANDS MAY NOT SET UP
IN THE GRASS, DIRT, OR GRAVEL**

Check off the type of flooring you will be setting up on:

- ☐ Asphalt/Concrete
- ☐ Plywood
- ☐ Other, describe: _____

**FOOD MUST BE PROTECTED FROM CONTAMINATION
BY THE ENVIRONMENT**

Check off how you will keep food items protected:

- ☐ Tent
- ☐ Protective Structure
- ☐ Event is indoors
- ☐ Food is stored 6 inches off the ground
- ☐ Other, describe _____

FOOD MUST COME FROM AN APPROVED SOURCE AND NOT MADE AT HOME

Where will the food be purchased from:

- ☐ _____

Where will the food be prepared:

- ☐ Onsite at the event
- ☐ At a licensed food location, identify: _____

WASTE WATER DISPOSAL

Check off how you will dispose of wastewater:

- ☐ Sanitary sewer drain
- ☐ In building- toilet or mop sink
- ☐ Event organizer is providing wastewater collection

RESTROOM FACILITIES

Check off what will be available:

- ☐ Restrooms available in a building onsite
- ☐ Porta pots will be provided
- ☐ Event organizer is providing rest room facilities

GARBAGE DISPOSAL

Check off how the solid waste will be disposed:

- ☐ Dumpster on site
- ☐ Taken home to be disposed of with residential trash collection
- ☐ Event organizer is providing
- ☐ Other, describe _____

I hereby certify that the information provided to the Lake County General Health District is accurate and correct.

I agree to follow all of the previously listed requirements contained within this packet while licensed by the Lake County General Health District 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 the Lake County General Health District may nullify final approval.

If you are unsure if your event requires a license, please contact the Lake County General Health District 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

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.

Allergen Notification

The Following Major Food Allergens May Be Used As Ingredients In This Facility

Milk

☐

Wheat

☐

Eggs

☐

Peanuts

☐

Soy

☐

Shellfish

☐

Tree Nuts

☐

Sesame

☐

Fish

☐

Please Ask Staff For More Information About These Ingredients



Lake County
General Health District
Public Health
Prevent. Promote. Protect.