



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
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Temporary Food Service Operation / Retail Food Establishment Application

FSO/RFE # _____

***Instructions:**

1. Complete applicable sections
2. Sign and date application
3. Pay application fee: **Commercial \$40.00 or Non-Commercial \$20.00** (Cash, Check, Money Order, or Debit/Credit – 3% fee will apply)

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 a license not being issued. This action is governed by Chapter 3717 of the Ohio Revised Code.

Type of Operation: **Food Service Operation** _____ **Retail Food Establishment** _____

Temporary Food Operation Name: _____

Location or Address of the Event: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Operation Days and Times: _____

License Holder: (person, business, or organization) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

List all the foods/drinks 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:

Applicant Signature: _____ **Date:** _____

For Health Department Use Only Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

Valid Dates of Event: _____ REHS Name: _____ Date Approved: _____

License Fee: **\$40.00 Commercial** or **\$20.00 Non-Commercial** Audit # _____ License # _____

Cash: _____ Check #: _____ Card: _____ Receipt # _____

OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

