

2026 Application and Letter of Intent for a License to Conduct a Temporary:

(check only one)

Instructions:

1. Complete **all** applicable sections that apply to your set-up.
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

"CCCHD"
CLARK COUNTY COMBINED HEALTH DISTRICT
Food Program
529 E. Home Road
Springfield, OH 45503

5. Questions can be directed to (937) 390-5600, ext 251, Monday – Friday, 8:00 a.m. – 5:00 p.m.

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 (Company/Group/Organization, Etc.)		
Name/Location of Event		
Address of Event		
City/State/Zip		E-mail Address
Start Date	End Date	Operation Time(s)
Name of License Holder		Contact Person/Contact Cell Phone No. (**REQUIRED**)
Address of License Holder		
City		State Zip
MENU - List of 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

Licenser to complete below

Valid date(s)-Maximum of 5 Days	License Fee: <input type="checkbox"/> Commercial \$95.00 per event = \$ _____ <input type="checkbox"/> Non-Commercial \$47.50 per event = \$ _____ Proof of "Non-Commercial" classification must be provided to our office i.e. IRS Determination Letter, in order to pay the Non-Commercial fee.
---------------------------------	---

Health Department to complete. Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

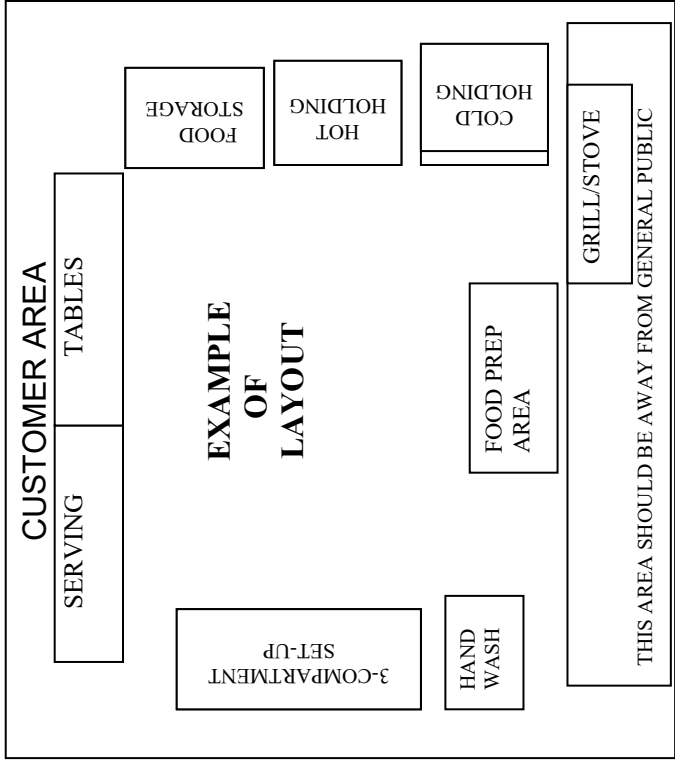
By	Date
Audit No.	License No.

PLEASE COMPLETE THE INFORMATION ON THE BACK PAGE OF THIS APPLICATION



529 E. Home Rd.
Springfield, OH 45503
(937) 390-5600
(937) 390-5625 Fax
Website: www.cchhd.com

PLEASE DRAW YOUR FOOD LAYOUT BELOW:
(THIS IS REQUIRED. Please include any support facilities,
(REFRIGERATED TRAILERS, COOLERS, ETC.)



****NOTE****
With the exception of "COTTAGE FOOD" products, No home preparation is permitted. All food must come from an approved source (i.e. licensed kitchen, licensed home bakery, ODA inspected facility, etc.). Please provide the approved source(s) where your food will come from.

PLEASE PROVIDE YOUR EQUIPMENT LIST BELOW:

Handwashing facilities will consist of: _____

Equipment / utensils will be washed/rinsed/sanitized via: _____