2024	Application for	a License to Con	duct a: (c	heck only on		od Service Ope ail Food Establi		
1.	ctions: Complete the applical Sign and date the app	ole section. (Make any	corrections	, if neces	sary.)			
3.	•			"CCCHD" CLARK COUNTY COMBINED HEALTH DISTRICT FOOD SAFETY PROGRAM 529 E. HOME ROAD SPRINGFIELD, OH 45503				
		YTHERE IS A MANDATORY ETAIL FOOD ESTABLISHMEI						
		cessed, the application must be result in not issuing/renewing a					omplete th	
Name o	f Facility		Name of Lice	nse Holder				
Address			E	E-mail Address				
City			5	State		Zip		
Phone #	‡	Fax #		if Applicable Caterin		Seasonal		
		lease check the appropriate box	regarding facilit	y's water sou	rce):			
□ Publi	c Water (City or County Utilities	s) Please specify:			□ Private \	Well or Other Water S	System	
□ Ohio	EPA Public Water System (Ple	ease provide ID Number, if know	wn):		_			
Name o	f Individual(s) certified in Food	Protection and Certificate Num	ber(s) (use addit	ional sheet(s) if necessary)		
Mailing	g Address for Annual R	enewal, if Different than	n above:					
Name of Parent Company or Owner				Phone # ()				
Address	3			E-mail Add	ress		_	
City				State		Zip		
	y certify that I am the license d above:	holder, or the authorized repre	esentative, of the	e food servic	e operation c	or retail food establis	hment	
Siç	gnature			Dat	e			
				•			1	
_icens Categor	or to complete below							
PLEASI	E CONTACT THE HEALTH DI	EPARTMENT FOR SPECIFIC	FOOD LICENSII	NG INFORM	ATION			
License Fee + Late Fee (if applicable)			+ State Amount \$28.00			= Total Amount Due		
Applica	tion approved for license	e and certified as required	by Chapter	3717 of the	Ohio Rev	ised Code.		
Ву	y Date				Lice	License No.		