

**2024 Application for a License to Conduct a:** (check only one)

- Mobile Food Service Operation  
 Mobile Retail Food Establishment

**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: **"CCCHD"**
4. Return check and signed application to: **CLARK COUNTY COMBINED HEALTH DISTRICT  
Food Program  
529 E. Home Road  
Springfield, OH 45503**

ON RENEWAL APPLICATIONS ONLY--THERE IS A MANDATORY PENALTY FEE OF 25% OF THE RENEWAL FEE FOR OPERATING A MOBILE FOOD SERVICE OPERATION OR MOBILE RETAIL FOOD ESTABLISHMENT IF A RENEWAL APPLICATION AND PAYMENT IS NOT SUBMITTED PRIOR TO COMMENCING OPERATION IN A NEW LICENSING PERIOD (CHAPTER 3717 OF THE OHIO REVISED CODE).

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/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Street Address			
City		State	Zip
Phone # (____) _____	Fax # (____) _____	E-mail Address	
Name of Individual(s) certified in Food Protection and Certificate Number(s) (use additional sheet(s) if necessary)			

**Mailing Address for Annual Renewal, if Different than above:**

Name of Parent Company or Owner		Phone # (____) _____	
Address		E-mail Address	
City		State	Zip
<i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i>			
Signature		Date	

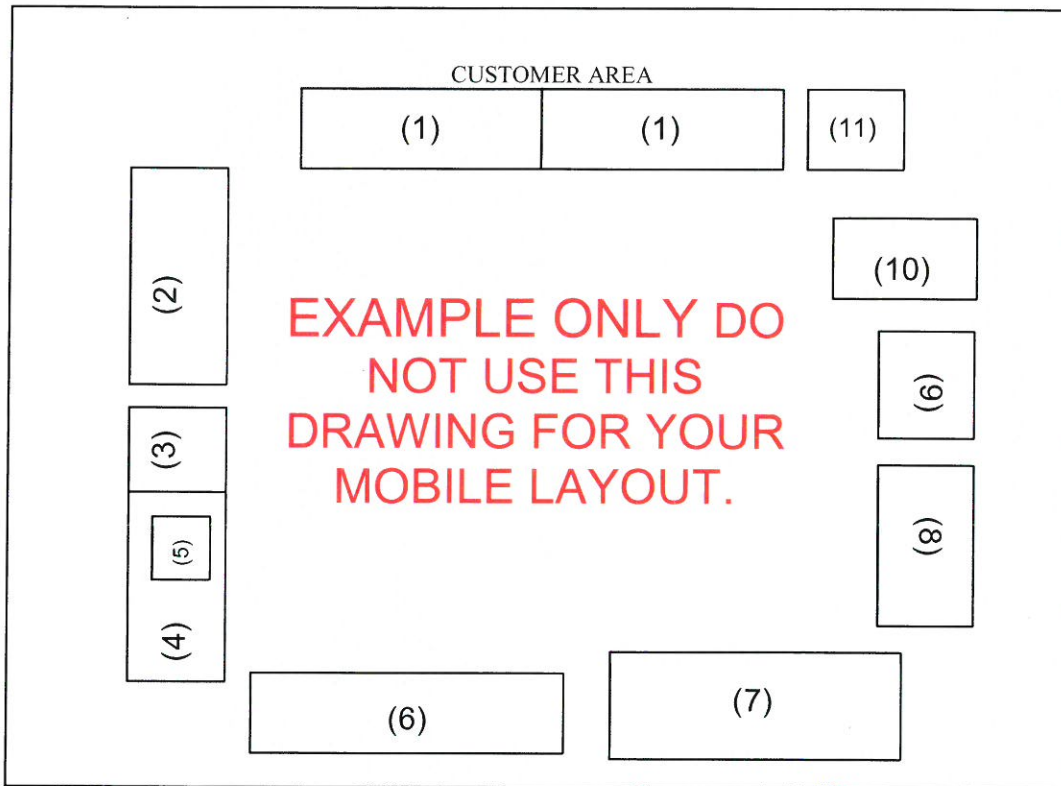
**Licensors to complete below**

Category <b>Mobile Food Service Operation</b>			
License Fee <b>\$128.00</b>	+ Late Fee (if Applicable)	+ State Amount <b>28.00</b>	= Total Amount Due <b>\$156.00</b>

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit No.	License No.
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## EXAMPLE OF HOW TO KEY EQUIPMENT LIST TO FLOOR PLAN



**EQUIPMENT LIST (MAKE & MODEL #):**

- (1) Counter
- (2) 3-Compartment Sink
- (3) Hand Wash Sink
- (4) Counter
- (5) Microwave (ABC #123)
- (6) Food Prep Area
- (7) Grill/Stove (HOT #22)
- (8) Deep Fryer (AOK #456)
- (9) Refrigerator (COL #44)
- (10) Freezer (ICE #789)
- (11) Soda Machine (SM #52)

**MENU:**

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**PLEASE INDICATE ON THE DRAWING  
THE LOCATION OF THE FOLLOWING:**

- ✓ Backflow Prevention Device
- ✓ Potable Water Holding Tank or Hose
- ✓ Wastewater Holding Tank