2025 Applicat	ion for a License to C	onduct a	(check o	only one)		
			/lobile F	Food Servic	e Operation	
			☐ Mobile Retail Food Establishment			
Instructions: 1. Complete th	ne applicable section. (Make a	anv correctio	ons, if ne	ecessary)		
Sign and da	te the application.			, o o o o o o o o o o o o o o o o o o o		
3. Make a check or money order payable to:4. Return check and signed application to:		CLARK (Food Pro	"CCCHD" CLARK COUNTY COMBINED HEALTH DISTRICT Food Program 529 E. Home Road			
		Springfie				
MOBILE FOOD SERVICE	TIONS ONLYTHERE IS A MANDATOR E OPERATION OR MOBILE RETAIL FO R TO COMMENCING OPERATION IN	OOD ESTABLISH	IMENT IF	A RENEWAL AP	PLICATION AND PAYMENT I	
Before license application application and remit the p	can be processed, the application must roper fee will result in not issuing/renewing	st be completed ng a license. Thi	and the in s action is	dicated fee subm governed by Ohio	nitted. Failure to complete this Revised Code 3717.	
Name of Facility		Name of Li	Name of License Holder			
Street Address			-			
City			State		Zip	
			Otate		Σιρ	
Phone #	Fax#	E-m	l nail Addres	SS		
()	()					
Name of Individual(s) cert	ified in Food Protection and Certificate N	lumber(s) (use a	dditional sh	neet(s) if necessa	ry)	
Mailing Address for	Annual Danawal if Different th					
Name of Parent Company	Annual Renewal, if Different the or Owner	ian above:		Phone #	ı	
				()		
Address			E-mail	Address		
City			State		Zip	
I hereby certify that I am indicated above:	the license holder, or the authorized re	epresentative, of	the food s	service operation	or retail food establishment	
Signature			Date			
		V				
icensor to complete Category	below					
0 ,	Food Service Operation					
License Fee \$176.00	+ Late Fee (if Applicable		+ State Amount 28.00		otal Amount Due \$204.00	
application approved for	or license and certified as require	ed by Chapter	r 3717 of	f the Ohio Rev	rised Code.	
Ву	Date	Audit No.			nse No.	

EXAMPLE OF HOW TO KEY EQUIPMENT LIST TO FLOOR PLAN

CUSTON (1)	MER AREA (1)	(11)
EXAMPLE NOT US DRAWING I MOBILE I	E THIS FOR YOUR	(10)

EQUIPMENT LIST (MAKE & MODEL #): (1) Counter (2) 3-Compartment Sink (3) Hand Wash Sink	MENU:
(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)	
PLEASE INDICATE ON THE DRAWING	
THE LOCATION OF THE FOLLOWING:	
✓ Backflow Prevention Device	
 ✓ Potable Water Holding Tank or Hose ✓ Wastewater Holding Tank 	