

2010 APPLICATION FOR LICENSE TO CONDUCT A: (check only one)

**Food Service Operation
Retail Food Establishment**

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to : Clermont County Treasurer
4. Return check and signed application

Clermont County General Health District

to: 2275 Bauer Road
Suite 300
BATAVIA OH 45103-

* There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

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 not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address (including city, state, zip)			
Phone #		Fax #	
Check if applicable <input type="checkbox"/> Catering		<input type="checkbox"/> Seasonal	
		Private Water Supply Public Water Supply Both	
Name of Individual certified in food protection(if any) and their certificate number (use back for additional names)			

Mailing Address for Annual renewal if different than above:

Name of Parent Company or Owner		Phone #
Address (include city, state, zip)		

I HERE BY CERTIFY THAT I AM THE LICENSE HOLDER, OR AUTHORIZED REPRESENTATIVE, OF THE FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT INDICATED ABOVE.

Signed: _____ Date: _____

LICENSOR TO COMPLETE BELOW

Category Commercial Risk level 3 <25,000					
License Fee	+ State Fee	+ Water Fee	+ FZN Dessert Fee	+ Late Fee	Total Amt Due
(+	+ \$0.00	+ \$0.00	+ \$0.00) =

APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE OHIO REVISED CODE:

BY: _____ DATE: _____ AUDIT No.: _____ LICENSE No.: _____