

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 : PICKAWAY COUNTY HEALTH DEPT. for :
4. Return check and signed application by

PICKAWAY COUNTY

to: 465 E. OHIO STREET
 PO BOX 613
 CIRCLEVILLE OH 43113-

* There is a mandatory penalty fee of \$50 or 25% of the renewal fee which ever is lesser 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 #	
<input type="checkbox"/> Catering		<input type="checkbox"/> Seasonal	
		<input type="radio"/> Private Water Supply <input checked="" type="radio"/> Public Water Supply <input type="radio"/> 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 HEREBY 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					
License Fee	+ State Fee	+ Water Fee	+ FZN Dessert Fee	+ Late Fee	Total Amt Due
(+	+	+	+) =

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

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