



EXHIBIT "D"

(Health Dept. Permits Cont.)

FOOD SERVICE APPLICATION

THIS FORM IS REQUIRED FOR EACH FOOD AND/OR BEVERAGE VENDER PARTICIPATING IN THE EVENT

Name of Event applying for: _____

Dates of Event: _____ Site Location: _____

Name of Concession: _____

Name of Owner/Operator: _____

Responsible Person: _____

Home Address: _____ Daytime Phone: () _____

City: _____ State: _____ Zip Code: _____

Type of Unit: _____ Mobile: _____ Stand: _____ Tent: _____

Do you have a current Mobile Food Service License? Yes _____ No _____

If YES print the name of the issuing Health District: _____

Current Mobile Food Service License Number: _____

Address where the mobile unit is headquartered if different than the home address above: _____

Menu of Food Products sold: _____

(PLEASE CONTINUE TO FILL OUT APPLICATION ON NEXT PAGE)



FOOD SERVICE APPLICATION

Where are these food products prepared? Check all that apply!

On Site: _____ Purchased Prepared: _____

At a Licensed Food Service Operation _____

Name of Food Service Operation preparing food: _____

Address of Food Service Operation preparing food: _____

FOODS MAY NOT BE PREPARED AT HOME

Approximate Number of Personnel involved in the event: _____

Remarks: _____

Date: _____ Concessionaire's Signature: _____

YOU MUST MAIL THIS APPLICATION TO THE HEALTH DISTRICT AT LEAST TEN (10) DAYS PRIOR TO THE SCHEDULED EVENT. No one will have permission to sell food at any event unless prior approval of plans, and menu to be sold, is reviewed by the Health District.

If you do not have a current Ohio Mobile Food Service License, you must submit plans to the Warren City Health District at least ten (10) days in advance of the event. If you have any questions regarding any aspect of the food service operation, please contact the Health District.

WARREN CITY HEALTH DISTRICT
Division of Environmental Health
418 Main Avenue S.W.
Warren, Ohio 44481-1060
(330) 841-2688