



HEALTH DISTRICT

Portage County Combined General Health District

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Portage County Temporary Food License Application

License Fee

December 1, 2025 – December 1, 2026

\$122.00

Fee is Non-refundable.

TEMPORARY FOOD OPERATIONS

All temporary food operations must be licensed and inspected by the Portage County Health District (PCHD).

It is important that all temporary food operators understand proper food handling procedures and sanitation methods. This is especially true for persons who have not worked in the food industry. To serve you best, contact PCHD well in advance of the event so our inspectors can answer any questions you may have.

Each temporary license is valid for a single event in one location. Temporary licenses are not renewable or transferrable. No more than ten (10) temporary licenses will be issued per the license period to the same operator.

A temporary license is not a mobile license. A mobile is defined as “a unit that is operated from a movable vehicle, portable structure or watercraft, routinely changing location, and does not remain at any one location for more than forty (40) consecutive days”.

No one can operate at a temporary food event under the coverage of an existing FSO/RFE risk category food license.

- The complete Application and Fee should be submitted at least ten (10) business days prior to the event.
 - A Temporary Food License may not be issued if the application is received less than ten (10) business days prior to the event or if the application is incomplete. Every attempt to process late applications will be made.
 - You cannot operate without the Temporary Food License.
- The Temporary Food License is valid for five (5) consecutive days.
- PCHD may issue a temporary license for more than five (5) consecutive days if both of the following apply:
 - The facility will be operated at an event organized by a county agricultural society or independent agricultural society organized under Chapter 1711 of the Revised Code.
 - The person who will receive the license is a resident of the county or one of the counties for which the agricultural society is organized.
- The Temporary Food License must be displayed in a conspicuous and public manner during the event.

A person in charge must be on site during all hours of operation. Please list your person(s) in charge:

1. _____

2. _____

Be advised that if all sections of this application are not complete, the application will be returned for you to provide the additional required information.

We wish you a successful event!

Menu and Source

Approved Food Sources:

- Grocery stores
- ODA Registered Home Bakeries
- ODA Approved Cottage Foods
- Prepared foods from a facility that holds an ODA Processing License

*Foods shall not be prepared at your home.

*All raw fruits and vegetables must be thoroughly washed in potable water before being served, cut, or combined with other ingredients.

Below please list each individual food item and source (including ice) and transportation methods for all foods offered (**All Foods Must Be Transported Inside An Enclosed Vehicle Or Trailer**):

Food	Source	Food Transportation
<i>Ex: Bagged Ice</i>	<i>Giant Eagle</i>	<i>Cambro, insulated bag</i>

Please continue on an additional piece of paper as necessary.

Packaged foods must be labeled as follows:

- Common name of food
- Complete list of ingredients
- Flavor(s) or chemical preservatives
- Weight of contents
- Name and address of manufacturer, packer, or distributor

*Written notifications of major food allergens as ingredients must be stated/ listed on a menu or display board that informs the consumer of major food allergens that are present as ingredients in unpackage foods.

An example of a written notification:

"The following major food allergens are used as ingredients: Milk, Egg, Fish, Crustacean Shellfish, Tree Nuts, Peanuts, Wheat, Soy, and Sesame. Please notify a food employee for more information about these ingredients."

Water Supply

Please indicate your approved water source:

- ☐ Municipal_____
- ☐ OEPA Approved Well Water
- ☐ Well water (approved by PCHD)
 - Bacterial Request Form and Fee is required in advance for water testing
- ☐ Commercially bottled water from_____

- If a hose is used to connect with the water supply, it must be an approved food grade hose, with a backflow prevention device (ASSE 1012 or ASSE 1024).



A.S.S.E. 1024

Water must be at least:

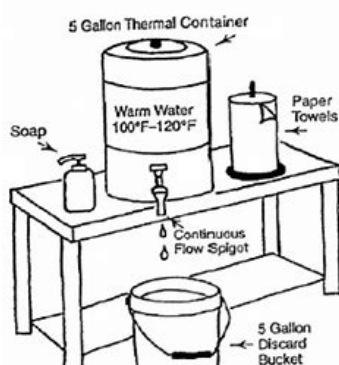
- 100° F for hand washing
- 110° F for dishwashing

Please indicate your approved method below:

- ☐ Water heater ☐ Coffee pot ☐ Stove top ☐ Microwave ☐ Other_____

Hand Washing

Please indicate your type of hand washing station below:

☐☐

Equipment and Utensil Washing

If you have reusable utensils (pots, pans, spatulas, etc.), they should be properly:

1. Washed with warm water (at least 110°F) and detergent
2. Rinsed with clear, clean water
3. Sanitized with an approved sanitizer
4. Air dried

Please indicate your approved method below:

- ☐ Three compartment sink ☐ Buckets ☐ Dishpans

Please indicate your approved chemical sanitizer:

- ☐ Chlorine at 50-100 ppm ☐ Quaternary ammonia at 200 ppm

Test strips that correspond with the selected sanitizer are required for checking concentration.
 Test strips must not be expired.
 Wiping cloths must be stored in a designated container of sanitizing solution between uses.

Wastewater

All liquid wastes must be properly disposed in a public sanitary sewer or other approved method of disposal. Storm drains are not approved for wastewater disposal.

Please indicate your approved method of disposal:

- ☐ Sanitary sewer ☐ Blue Boy (wastewater container)
☐ Designated dump station ☐ Other _____

* If a wastewater hose is used, it must be clearly distinguishable from the freshwater hose.

*Toilet facilities must be available on site of the event, during all hours of operation.

Food Safety

Cooking Temperatures – cooking foods to the wrong temperatures may cause food borne illness!

Temperature	Foods
135°F	Commercially processed, ready to eat food that will be held hot; all foods that are held hot after reaching initial cooking temperatures
145°F	Whole seafood, beef, pork, lamb (steaks and chops), roasts (4 minutes), eggs that will be served immediately
155°F	Ground meat, seafood, or ostrich meat, injected, marinated, or tenderized meats, eggs that will be held hot for service
165°F	Poultry (chicken, turkey, duck, fowl), stuffing made with potentially hazardous (TCS) foods like meat stocks or broths, dishes made from previously cooked foods

*A metal stem thermometer (range 0°F to 220°F) must be used to measure temperatures. A digital thermometer with a thin metal tip is required for foods such as thin hamburger patties and fish filets.

Please list all cooking/hot holding equipment below and the foods that will be prepared on each:

Equipment	Food	Cooking	Hot Holding
<i>Ex: Grill, fryer</i>	<i>Hamburgers, hot dogs, chicken</i>	<i>X</i>	

Cooling

Will you be cooling any foods (including the items listed above)? _____ Yes _____ No

If so, please indicate the foods and cooling method below:

Method	Food(s)
Ice bath	
Ice wand	
Shallow pan	
Blast chiller	
Other	

*Cool all hot foods from 135° F to 70° F within 2 hours, then from 70° F to 41° F within 4 hours.

* Foods may be held between 41° F and 135° F under the following conditions:

- Initial temperature must be below 41°F or above 135°F
- Labeled with time removed from hot or cold holding
- Discarded after 4 hours
- A policy is available that outlines the procedure and the names of foods held at room temperature.

Cold Holding

The following foods must be held **under mechanical refrigeration ONLY** at or below 41°F:

- Meat products
- Cooked vegetables
- Potato dishes
- Dairy products
- Protein rich plants
- Garlic in oil
- Raw sprouts
- Cream/custard
- Sliced melons
- Sliced tomatoes
- Eggs
- Cut leafy greens
- Batter
- Fish/shellfish
- TCS Foods not listed

*Thermometers are required in all refrigeration equipment.

Please list all cold holding equipment to be used:

Unit Materials: Floors/Walls/Ceilings/Lights

Floors, walls, and ceilings are necessary. The materials must be smooth, impermeable and easy to clean.

Please indicate the materials of your floors, walls and ceiling:

Surface	Material(s) to be used
Floors	
Walls	
Ceilings	

*All foods, utensils, and equipment must be:

- Stored 6 inches off the ground
- Protected from dirt, dust, precipitation, customers, insects and vermin

*Garbage containers must be covered and lined with trash bags.

*Facility must be clean and in good repair. No unnecessary items and litter are permitted.

*Chemicals and personal items must be stored away from food.

*Operations at night must have adequate lighting. Lights must be shatter resistant or shielded.

Handling and Hygiene

Only people in good health shall prepare or serve food. Please refer to the *PCHD Employee Health Policy Agreement* and the *Responding to a Vomit/ Diarrheal Incident Procedure* for further information.

Hair restraints and clean clothes are required for all food handlers.

Food handlers must wash hands frequently (including after smoking, eating, drinking, using the restroom, handling trash, cleaning, handling money and handling raw food.

Food handlers may not contact exposed ready-to-eat food with their bare hands but shall use suitable utensils such as tongs, spatulas, deli/bakery tissues or single use gloves.

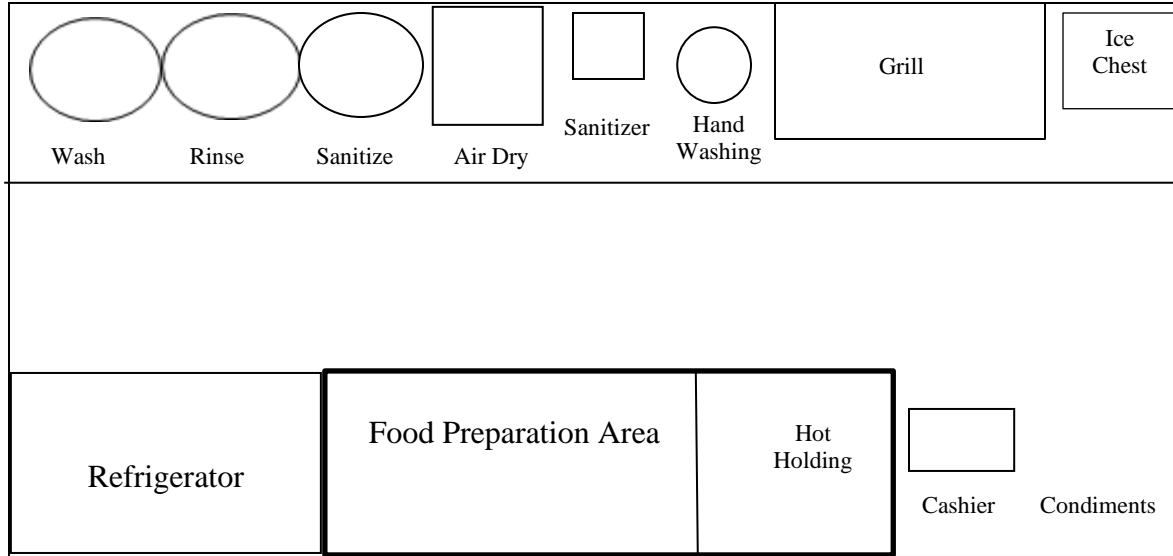
Only food workers are allowed in the unit.

Live animals are prohibited from the unit.

No smoking or use of tobacco products is permitted while preparing or serving food.

Floor Plan

E
X
A
M
P
L
E



A detailed drawing of your proposed food plan is **required**. Please draw your floor plan below:



Employee Health Policy Agreement

Pursuant to Ohio Administrative Code 3717-1-02.1 (A)

I agree to report to the manager when I have the following symptoms:

- Vomiting
- Diarrhea
- Jaundice
- Sore throat with fever
- Lesion/infected wound (unless protected by impermeable cover)

And two of the following

- Fever
- Chills
- Muscle pain
- Headaches
- Sore throat
- New loss of taste or smell
- Repeated shaking with chills

Or have been exposed to any of the illnesses listed below through:

- An outbreak of reportable illnesses
- A household member having reportable illnesses
- A household member attending or working in a setting with an outbreak

Note: The manager must actively restrict/exclude the duties of an employee with these symptoms

I agree to report to the manager if diagnosed with or exposed to:

- Campylobacter
- Cryptosporidium
- Cyclospora
- Entamoeba histolytica
- Giardia
- Hepatitis A
- Norovirus
- Salmonella spp.
- Salmonella Typhi
- Shigella
- Vibrio cholera
- Yersinia
- Shiga toxin-producing Escherichia coli

Note: The manager must actively restrict/exclude the duties of an employee with these symptoms AND report the illness to the licensor (Health Department).

Returning to work:

The manager may remove the restriction/exclusion if employee is released by a health care provider or by approval of the licensor (Health Department).

The manager may also remove the restriction if:

- It was due to the symptoms listed above and the symptoms have ceased
- The illness was not from an infectious disease agent listed above

Agreement:

I understand that I must:

Report when I have or have been exposed to any of the symptoms or illness listed above; and

Comply with work restrictions (allowed to come to work, but duties may be limited) and/or exclusions (not allowed to come to work) that are given to me.

I understand that if I do not comply with this agreement, it may put the public at risk and can result in termination.

Food Employee Name _____

Signature of Employee _____

Date _____

Manager (Person-in Charge) Name _____

Signature of Manager _____

Date _____



Responding to a Vomiting/Diarrheal Incident

Background Information: When the food service operation or retail food establishment experiences a bodily fluid exposure incident, immediate precautions should be taken. The risk of exposure to food equipment, staff, and consumers can be reduced if a proper cleanup plan is followed. Use the following steps as a guideline to help reduce the impact of a bodily fluid exposure incident.

Designate Staff - Designate staff members who will be responsible for the cleanup of a bodily fluid incident. The staff members should be aware of these procedures, knowledgeable in how to wear Personal Protective Equipment (PPE), and knowledgeable in the proper cleanup procedure for a bodily fluid exposure incident.

Prepare a Cleanup Kit - The cleanup kit is the first major component when dealing with a bodily fluid exposure incident. The kit should contain at minimum the following items:

Personal Protective Equipment

- Disposable Medical Gloves
- Shoe Coverings
- Eye Protection
- Apron/Gown

Cleaning Supplies

- Sealable plastic bags/biohazard bag
- Paper Towels
- Scoop
- Disinfectant
- Absorbent powder (cat litter, sand, etc.)

Clean the incident site and the surrounding areas - Use the following approved cleanup procedure to remove the bodily fluid and disinfect the surrounding areas. When followed properly, the cleanup procedures will help reduce the immediate risk of further contamination.

Cleanup Procedures

- Put on all necessary personal protective equipment.
- Ensure that all exposed areas of the face and hands are protected from possible contamination.
- Contain the fluid.
- Use disposable towels, cat litter or sand to cover the fluid.
- Sanitize the entire contaminated area.

Use a bleach solution of at least **5000 ppm** for surfaces up to 25 feet away from incident. This includes all counters, doors, equipment, and utensils. To prepare the **5000ppm** solution, use **1 2/3 cups unscented bleach to one gallon of water**.

Remove the bodily fluid - Use a scoop /dustpan to ensure that all disposable towels, cat litter or sand is removed from the area. Dump all waste into a secured biohazard or plastic bag.

Clean the area with warm soapy water – Make sure to properly sanitize all equipment that is used including any mop head.

Food Protection. - Discard any exposed food within 25ft of incident site.

Re-glove - Dispose of the first pair of gloves by removing the gloves at the wrist and then pull down to remove the gloves inside out. Wash hands with warm soapy water for at least 25 seconds before putting on a new pair of gloves.

Disinfect - Saturate the area with the bleach solution (5000 ppm) for at least 5 minutes. Be sure to properly ventilate the area to prevent the buildup of toxic fumes.

Final Cleanup - Clean up the bleach solution by using disposable paper towels. Ensure that all surfaces are clean, and any excess bleach solution is removed from the surrounding surfaces

Removal of PPE - Remove all PPE in a method to reduce recontamination. Place all PPE items in the plastic bag. Seal the bag. Discard the bag in a safe manner. **Thoroughly wash hands.**

Bleach Solution Concentrations:

Bleach Solution (5.25%)-Household Unscented Bleach	Concentration
1:10 (1-2/3 Cups Bleach to 1 gallon of water)	5000ppm
1:250 (1 tablespoon Bleach to 1 gallon of water)	200ppm

Examples of Areas to Disinfect - Faucets, cooler handles, doorknobs, toilets, handrails, table/counter surfaces, surrounding floor area, booths, tables, chairs, utensils, and food equipment.

Written Notification of Major Food Allergens as Ingredients

3717-1-03.5(D)(6)

Below is an example of a statement that could be listed on a menu, table tent, placard or display board that informs the consumer of major food allergens that are present as ingredients in unpackaged foods:



The following major food allergens are used as ingredients: Milk, Egg, Fish, Crustacean Shellfish, Tree Nuts, Peanuts, Wheat, Soy, and Sesame. Please notify a food employee for more information about these ingredients.



Written notification can be provided in many forms such as: physical or electronic means, including, but not limited to, brochures, deli case or menu notifications, label statements, table tents, placards, or other effective written means.

For more information, please contact your local health department.

FIRST AID FOR FOOD CHOKING

Victim Cannot Cough, Speak, or Breathe

**Rescuer must act quickly. Choking is a life threatening condition.
Call 911 immediatly**

1

GIVE 5 BACK BLOWS

Back blows: stand behind the victim and place arm across their chest for support; bend the victim slightly at the waist; firmly strike the victim between shoulder blades with the heel of your hand.



2

GIVE 5 ABDOMINAL THRUSTS

Abdominal thrusts: stand behind the victim and wrap your arms around the victim's waist; place your fist thumb-side in against victim's abdomen below rib cage, slightly above the navel; grasp your fist with the other hand; press your fist forcefully with quick upward thrust into the victim's abdomen.



Repeat steps 1 and 2 until the object is forced out, the person can cough forcefully or breathe, or the person becomes unconscious.

If the person becomes unconscious, begin CPR starting with chest compressions. Each time you open the airway, look in the airway and remove the object if you see it.

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

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:

Portage County Health District

4. Return check and signed application to:

Portage County Combined General Health**999 East Main Street****Ravenna, OH 44266**☐ **Food Service Operation**☐ **Retail Food Establishment**

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 a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility:			
Location of event:			
Address of event			
City	State	Zip	Email
Start date: / /	End date: / /		Operation time(s):
Name of license holder:			Phone number:
Address of License holder			
City	State	Zip	Email
List all foods being served/sold _____ _____ _____ _____			

I herby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:

Signature	Date
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Licensors to complete below

Valid date(s):	License fee:
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.