

Application for a License to Conduct a:

- (check only one) Food Service Operation
 Retail Food Establishment

Instructions:

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:
4. Return check and signed application **by***

to:

WASHINGTON COUNTY HEALTH DEPARTMENT
 342 MUSKINGUM DRIVE
 MARIETTA, OHIO 45750
 TELEPHONE: 374-2782

*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 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 | | | |
| City | | State | ZIP |
| Phone # () | Fax # () | Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal | |
| 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 | |
| City | State ZIP |
| <i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i> | |
| Signature | Date |

Licenser to complete below

| | | | |
|-------------|------------|----------------|--------------------|
| Category | | | |
| License fee | + Late fee | + State amount | = Total amount due |

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

| | | | |
|----|------|-----------|-------------|
| By | Date | Audit no. | License no. |
|----|------|-----------|-------------|