



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8th Street
Ironton, OH 45638
740-532-3962



Public Health
Prevent. Promote. Protect.

Lawrence County Health Department
Jim Meadows, MD
Medical Director

Tony Virgin, MD
Health Commissioner

Temporary Food License Plan Review

Submit the following **10 days** prior to the event:

1. Temporary Plan Review Questionnaire with attached drawing
2. License application (separate state form)
3. Temporary Food Licensing Fee:
2025 Fee: \$82.00

Plan Review Questionnaire			
Facility Name:		Event Name:	
Set-up Time:	Serving Time:	Hours of Operation:	
A knowledgeable PIC must be on site at all times during operation. List the name(s) of the Person-In-Charge (PIC) at your booth.			
PIC Name		Best Contact Phone # and Email	
1.			
2.			
3.			
4.			
What type of set up will you have? <input type="checkbox"/> Tent <input type="checkbox"/> Concession Unit <input type="checkbox"/> Inside Building <input type="checkbox"/> Truck <input type="checkbox"/> Outside without cover <input type="checkbox"/> Other:			
Will you have electric? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will a generator be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply: Water supply source: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled Will a hose be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No How will hot water be provided for sanitation purposes (hand washing, dishwashing, cleaning, etc.)? <input type="checkbox"/> From approved source on-site <input type="checkbox"/> Obtained hot from different location: _____ <input type="checkbox"/> Heated on-site with: <input type="checkbox"/> Coffee Maker <input type="checkbox"/> Stove/Grill <input type="checkbox"/> Other: _____		Notes Regarding Water Supply: <ul style="list-style-type: none"> • All facilities offering food or beverages that are not a pre-packaged product, must have an adequate supply of water for general sanitation & food preparation purposes from an approved source. • Garden hoses are not allowed for handwashing or dishwashing. • If a well is to be used, a safe water sample from the current year must be available for review. 	
Wastewater Disposal: <input type="checkbox"/> Public (City Sewer) <input type="checkbox"/> Private (Septic System) <input type="checkbox"/> Other: _____		Restrooms: Toilet Facilities: <input type="checkbox"/> Indoor <input type="checkbox"/> Portable <input type="checkbox"/> N/A Who is responsible for the cleanliness/supplies of restrooms? <input type="checkbox"/> Applicant <input type="checkbox"/> Event Coordinator	

Trash Disposal: Will there be adequate containers to collect waste? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is responsible for solid waste removal at the end of the event? <input type="checkbox"/> Applicant <input type="checkbox"/> Event Coordinator	Notes regarding Staffing: <ul style="list-style-type: none"> • Make sure each person is trained in their assigned duties. • No unauthorized persons in the booth. • Hair restraints should be in place for people working with unpackaged foods and dishes. • No smoking in the booth. • Promote frequent handwashing. • Eating and drinking in only designated areas. • Personal items need to be separated from food booth items. 	
Food Source: Where will you obtain your food? <input type="checkbox"/> Grocery Store <input type="checkbox"/> Licensed Restaurant <input type="checkbox"/> Other Will ice be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide source: _____	Food Storage: Indicate where food and dry goods will be located: <input type="checkbox"/> In booth <input type="checkbox"/> In supply truck <input type="checkbox"/> Other: Types of Cold-Holding Equipment: <input type="checkbox"/> N/A <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Cooler(s) with drain (using ice/ice packs)	
Thawing: Will your facility be thawing any food item prior to cooking or serving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list applicable food item(s): How will food(s) be thawed: <input type="checkbox"/> Cooked frozen <input type="checkbox"/> thawed in refrigerator <input type="checkbox"/> thawed under continuously running cool water <input type="checkbox"/> thawed in microwave and immediately cooked.	Cooking: Will any food items be cooked or assembled off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: Types of cooking/hot-holding equipment that will be used: <input type="checkbox"/> N/A <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Steam Table <input type="checkbox"/> Grill <input type="checkbox"/> Chafing Dish <input type="checkbox"/> Crock Pots <input type="checkbox"/> Other:	
Cooling: Will your operation be cooling any food items to be reheated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	Notes regarding Food Source/Storage/Handling <ul style="list-style-type: none"> • Based on your menu multiple coolers may be required to prevent cross contamination between raw meats/poultry and ready-to eat item (i.e., fruits, vegetables, cheese, hot dogs) and cross-contamination between poultry and other meats. • Do not thaw out at room temperature. • NO food may be made at home. • Probe thermometers must be available on site. • Each cooler and freezer with TCS foods must have working thermometers in them. Notes Regarding Handwashing/Glove Use <ul style="list-style-type: none"> • No Basins/bowls with undrained water are allowed for handwashing. • No Latex gloves allowed. • No bare-hand contact with ready-to-eat foods. Notes regarding Dishwashing <ul style="list-style-type: none"> • No hand drying of dishes/equipment. • Test kit needs to be available. • If using bleach, must be original (unscented) 	
Handwashing: How will employees clean their hands? <input type="checkbox"/> Hand wash sink with hot and cold running water <input type="checkbox"/> Portable (Closed container with spigot) <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Other: _____ Based on your menu, bare hand food contact will be minimized by: <input type="checkbox"/> N/A (No unpackaged foods) <input type="checkbox"/> Gloves <input type="checkbox"/> Tongs <input type="checkbox"/> Spatulas <input type="checkbox"/> Deli Paper <input type="checkbox"/> Napkins/Paper Towels <input type="checkbox"/> Other:		
Dishwashing: What type of warewashing will be available: <input type="checkbox"/> 3-compartment sink <input type="checkbox"/> 3 buckets/containers What type of sanitizer will be used? <input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodine		

Draw in the space below or attach a general layout showing how temporary food facility will be set up.

Indicate the following, if applicable:

- ☐ Handwashing
- ☐ Dishwashing
- ☐ Cooking Equipment
- ☐ Hot holding Equipment
- ☐ Cold holding Equipment
- ☐ Tables
- ☐ Storage/Shelving
- ☐ Serving Area
- ☐ Entrance/Exits
- ☐ Plumbing Fixtures
- ☐ Lighting Fixtures
- ☐ Any other equipment associated with your facility.

Approximate size of layout: _____ x _____

Applicants' Acknowledgement Statement

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this office may nullify this approval. I understand that any approval of these plans and specifications by the Lawrence County Health Department does not indicate compliance with any other code, law or regulation that may be required-federal, state, tribal or local. It further does not constitute endorsement or acceptance of the completed operation (structure or equipment).

Signature: _____ Date: _____
Operator or Responsible Representative

OFFICE USE ONLY

Date Received:	Date Reviewed:	Approval/Disapproval Letter Sent:
Date Plan Approved:	Date Plan Disapproved:	
Approved By:		EHS Signature:

Application for a License to Conduct a Temporary:

(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: Lawrence County Health Department
4. Return check and signed application to: Lawrence County Health Department
2122 South 8th Street
Ironton, OH 45638

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 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
Start Date	End Date	Operation Time(s)
Name of License Holder		Phone Number
Address of License Holder		
City	State	Zip
List of all foods being served/sold: _____ _____ _____ _____		

<i>I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:</i>	
Signature	Date

Licenser to complete below:

Valid Date(s)	License Fee: \$82.00
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit Number	License Number