Application for a Licens	se to Cond	luct a: (check	only one)		
☐ Mobile Food Service Operation ☐ Mobile			Retail Food Establishment		
Instructions:					
1. Complete the applica	able section	(Make any corre	ections if necessary.	.)	
2. Sign and date the application.					
3. Make a check or mo	ney order pa	yable to: Lawre	ence County Healt	h Depar	tment
4. Return check and sig	gned applica	tion to: Lawren	ce County Health	Departn	nent
*There is a mandatory penalty fee	e of 25% of the	renewal fee for op	erating a food service o	peration o	r retail food establishment after
the deadline. Before license appli	cation can be p	processed the applic	cation must be complete	ed and the	indicated fee submitted. Failure
to complete this application and r	emit the prope	er fee will result in n	not issuing/renewing a l	icense by	Ohio Revised Code 3717.
Mobile Information					
Name of Mobile			Name of License Holder		
M 12 II · A II		City			
Mobile Housing Address			City		
State Zip Code			Email Address		
Phone Number Fax Number		ax Number	Check if Applicable:		
			☐ Catering ☐ Seasonal ☐ N/A heir certificate number. Attach addition sheets if necessary.		
ivame(s) of mairianai(s) certifie	a in jood proie	ection (ij any) ana ii	ueir cerujicaie number.	Anach aa	ation sheets if necessary.
Mailing Information (if a	liffarant fra	m abovol			
Mailing Information (if a		om above)			
Name of Parent Company/Owner			Phone Number		
Address		City			
State	tate Zip		Email Address		
I hereby certify that I am t establishment indicated a					ce operation or retail food the best of my knowledge.
Signature					Date
	L	icensor to Co	mplete Below		
Category: Mobile			State Fee: \$28.00		otal Amount Due: \$194.00
Application approved for license and certified as required by Chapter 3717 of the ORC:					
Approved By:		Date:	Audit Number:		License Number: