Application for a	a License to Co	onduct a: (check	only o	one) []Foo	od Se	ervice Operation		
				[] Retail Food Establishment				
Instructions: 1. Complete the applicable section. (Make any corre 2. Sign and date the application. 3. Make a check or money order payable to: 4. Return check and signed application by: Return to:				if necessary.)			
There is a mandatory po ood establishment after							retail	
Before license applicatio submitted. Failure to con a license. This action is (nplete this appli	cation and remit th	ne pro	oper fee will ı			ing	
Name of Facility				me of License	lder			
Address			1			E-mail		
City			Stat	te		ZIP		
Phone #	hone # Fax ame of individual certified in food protection (if any) and their ce				Check if applicable [] Catering [] Seasonal			
Name of individual certified	d in food protection	on (if any) and their o	ertific	ate number (ı	use b	ack for additional name:	s)	
Mailing address for annu	ıal renewal if di	fferent than above):					
Mailing address for annual renewal if different than abou Name of parent company or owner				Phone #				
Address				E-mail				
City				State ZIP		ZIP		
I hereby certify that I amor retail food establishme			zed re	epresentative	e, of	the food service opera	ation	
Signature						Date		
_icensor to complete be	low							
Category								
License fee	+ Late fee	+ State am	ount	=	= Total amount due			
Application approved for	r license and ce	rtified as required	by Cl	hapter 3717	of th	e Ohio Revised Code		
Ву	Date	Audit no.		L	License no			

AGR 1269 (Rev. 5/13) Ohio Department of Agriculture HEA 5319 (Rev. 5/13) Ohio Department of Health