

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 .

ATHENS CITY-COUNTY HEALTH DEPARTMENT

278 West Union Street

Athens, OH 45701

Phone: 740-592-4431

Toll Free Phone: 800-945-6447

Fax: 740-594-2370

to:

*There is a mandatory 25% penalty for operating a food service operation or retail food establishment after the deadline, prior to renewing a license (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.
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