

Application for a License to Conduct a: (check only one)

- Food Service Operation
 Retail Food Establishment

INSTRUCTIONS:

Complete the applicable sections. (Make any corrections if necessary)
 Sign and date the application.
 You may pay by check, cash, money order, or credit card.
 Checks may be made payable to: [Miami County Health District](#)
 Return payment and application by: _____

to: [Miami County Health District](#)
[510 W. Water St., Suite 130](#)
[Troy, OH 45373-2985](#)

*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before the 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 the license. This action is governed by the Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		E-mail	
City	State	Zip	
Phone #	Fax #	Check if applicable <input type="radio"/> Catering <input type="radio"/> Seasonal	
Name of individual certified in food protection (if any) and certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address		E-mail	
City	State	Zip	
I hereby certify that I am the license holder, or authorized representative, of the food service operation or retail food establishment indicated above:			
Signature:		Date:	

Licensors 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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