

Attention Exhibitors!

If you are selling **FOOD**, packaged or not packaged, you are required to have a *Temporary Food Vendor License*.

If you are selling **ITEMS OTHER THAN FOOD**, you are required to have an *Ohio Vendor License*.
Out of state exhibitors/vendors selling **ITEMS OTHER THAN FOOD** are required to have an *Ohio Transient Vendor License*.

If you are selling **FOOD**, packaged or not packaged, and **ITEMS OTHER THAN FOOD** you are required to have both a *Temporary Food Vendor License* and an *Ohio Vendor License* or *Ohio Transient Vendor License*.

CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH
TEMPORARY FOOD SERVICE INFORMATION

NAME: _____ EVENT LOCATION: _____ DATE: _____

FOOD PROTECTION

If food is prepared in advance, how will it be transported to the event and where was it prepared:

A. How will foods be held cold (41°F)?

- Mechanical Refrigeration
- Cooler Chests
- Other - Specify _____

B. How will the food be cooked and/or held hot (135°)? **NO CROCKPOTS FOR COOKING POTENTIALLY HAZARDOUS FOODS.**

- Stove
- Electric Roasters or Skillets
- Charcoal/Gas Grills
- Gas Camping Stoves
- Other - Specify _____

C. Name of water source - (water that will be used for cooking or serving):

- Municipal Supply
- Name of Municipality _____
- Other Approved Source _____
- Name of Source _____

Below make a detailed drawing of your floor plan.
Show all equipment and utensils, support facilities and serving areas.

200___ **Application for a License to Conduct a Temporary: (check only one)** Commercial Food Service Operation
 Commercial Retail Food Establishment
 Non-Commercial Food Service Operations
 Non-Commercial Retail Food Establishment

Complete the applicable section. (Make any corrections if necessary.)
 Sign and date the application.
 Food Service Operation
 Retail Food Establishment

Make a check or money order payable to: Division of Assessments & Licenses
 Return check and signed application to: City of Cleveland
 601 Lakeside Avenue - Room 122
 Cleveland, Ohio 44114

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 a license. The action is governed by, Chapter 3717 of the Ohio Revised Code.

NAME OF EVENT			
LOCATION OF EVENT			
CITY	STATE	ZIP	
START DATE	END DATE	OPERATION TIME(S)	
PERSON IN CHARGE OF FOOD SERVICE OPERATION		DBA	PHONE NUMBER
ADDRESS OF LICENSE HOLDER			
CITY	STATE	ZIP	
LIST ALL PROPOSED MENU ITEMS			

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. Also, if you are a non-profit organization enter your Federal 501(c)(3) Identification Number.		
Signature	DATE	FEDERAL TAX ID 501(c)(3)

City Use Only
Licensors to complete below

VALID DATE(S)	LICENSE FEE
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code

BY	DATE
AUDIT NUMBER	LICENSE NUMBER



**Application for
Transient Vendor's License**

Vendor's license number

Please print.

_____ Federal employer identification no.

_____ Social Security no.

_____ Ohio corporate charter no.

If you are a foreign corporation, give Ohio certificate number _____

1. Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (40) Association
 (50) LLC (60) Fiduciary (70) LLP (80) LTD (100) Business trust

2. When did you or will you begin making taxable sales in Ohio? (mm/dd/yy) _____

3. Are you obtaining this license to make sales at a temporary place of business in a county in which you have no fixed place of business? Yes No

4. Provide NAICS code and state nature of business activity _____ (For the most current NAICS listings, visit our Web site at tax.ohio.gov)

5. Legal name _____
 (Corporation, sole owner, partnership)

6. Trade name or DBA _____

7. Primary address _____
 Home/office address of corporation, sole owner or partnership City State ZIP

 (Home/office phone no.) (Home/office fax no.) (Business phone no.)

8. Mailing address _____
 (If different from above) City State ZIP

9. How much sales tax do you expect to collect each month? (06) Less than \$200 (01) \$200 or greater

10. If this application is for a new registration due to change in ownership, please list the old account number.

11. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

President/Partner _____
 Name Street City State ZIP Social Security no.

Vice Pres/Partner _____
 Name Street City State ZIP Social Security no.

Secy/Treas/Partner _____
 Name Street City State ZIP Social Security no.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

_____ Date Signature of owner or officer of company

Fee for this license – \$25 (made payable to Ohio Treasurer of State). Send the original application and \$25 fee to: Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215. Phone: (888) 405-4089. Retain a copy for your records.