



**Medina County Health Department**  
 4800 Ledgewood Drive, Medina, Ohio 44256  
 (330) 723-9523 • Toll Free (888) 723-9688 • FAX (330) 723-9650

TO THE MEDINA COUNTY BOARD OF HEALTH:

The undersigned request(s) that the 20 \_\_\_\_\_  **Food Service Operation**  
 **Retail Food Establishment**

License # \_\_\_\_\_ for \_\_\_\_\_  
 (operation name)

located at \_\_\_\_\_  
 (address of operation)

be transferred in the following manner:

**(PLEASE PRINT LEGIBLY)**

**FROM:**

**TO:**

\_\_\_\_\_  
 Licensee's/Individual's Name

\_\_\_\_\_  
 Licensee's/Individual's Name

\_\_\_\_\_  
 Business Name

\_\_\_\_\_  
 Business Name

\_\_\_\_\_  
 Operation Address

\_\_\_\_\_  
 Operation Address

\_\_\_\_\_  
 City, State, Zip  
 ( )

\_\_\_\_\_  
 City, State, Zip  
 ( )

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**PLEASE RETURN THE CURRENT FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT LICENSE WITH THIS FORM**

Note: Ohio Revised Code Section 3717.26 (B) and 3717.46 (B) requires the person or government entity requesting a license transfer to be in compliance with the state food code. Upon license transfer new licensee must comply with the current Ohio Uniform Food Safety code (i.e. cold holding requirement 41° F or below).

**HEALTH DEPARTMENT COMMENTS:**

\_\_\_\_\_

30-Day Reinspection? Yes  No  Send State Uniform Food Safety Code + educational material w/letter? Yes  No

Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Food Programs Coordinator Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Director Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Commissioner Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Action: \_\_\_\_\_ Date: \_\_\_\_\_

**2017 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: MEDINA COUNTY HEALTH DEPARTMENT for **\$0.00**
4. Return check and signed application by\*:

**to: MEDINA COUNTY HEALTH DEPARTMENT  
 ENVIRONMENTAL DIVISION  
 4800 LEDGEWOOD DRIVE  
 MEDINA, OHIO 44256**

\*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 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		E-mail	
City		State	ZIP
Phone #	Fax #	Check if applicable <input checked="" 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		E-mail	
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 <b>TRANSFER</b>			
License fee <b>\$0.00</b>	+ Late Fee	+ State amount <b>\$0.00</b>	= Total amount due <b>\$0.00</b>

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
----	------	-----------	-------------