



MEDINA COUNTY HEALTH DEPARTMENT
4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256
(330) 723-9523 Toll Free (888) 723-9688 option #3
FAX (330) 723-9650 Email: env@medinahealth.org

TO THE MEDINA COUNTY BOARD OF HEALTH:

The undersigned request(s) that the 20____ ☐ Food Service Operation ☐ Retail Food Establishment

(License Number) for _____
(Operation Name)

Located at _____
be transferred in the following manner: _____
(Address of Operation)

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.

HEALTH DEPARTMENT COMMENTS:

☐ Yes ☐ No 30-day Re-inspection?

☐ Yes ☐ No Send State Uniform Food Safety Code and educational material with letter?

Sanitarian Signature: _____ Date _____

Food Programs Supervisor Recommendation: _____

Signature: _____ Date _____

Environmental Director Recommendation: _____

Signature: _____ Date _____

Health Commissioner Recommendation: _____

Signature: _____ Date _____

Board Action: _____ Date _____

20___ 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
4. Return check and signed application by*:

\$0.00

**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 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	

Licensors to complete below

Category TRANSFER			
License fee \$0.00	+ Late Fee	+ State amount \$0.00	= Total amount due \$0.00

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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