Ohio Department of Health Transmittal for Food Service Operation

Law: Section 3717.45 (C) of the Revised Code

The director of health may determine by rule an amount to be collected from applicants for food service operation licenses for use in administering and enforcing the provisions of this chapter and the rules adopted under it applicable to food service operations. Licensors shall collect the amount prior to issuing an applicant's new or renewed license. If a licensing fee is charged under this section, the licensor shall collect the amount at the same time the fee is collected.

A licensor shall certify the amount collected and transmit the amount to the treasurer of state according to the schedule listed

in 3717.45(C)(2)(a)-(d) of the Revised Code.

Rule: Chapter 3701-21-02 (F) of the Administrative Code

For each license issued by a city or general health district, the annual license fee shall include the following applicable amount which shall be collected and transmitted by the licensor to the director of health for deposit in the general operations fund created in Section 3701.83 of the Revised Code and used for administering and enforcing Chapter 3717 of the Revised Code.

Health Dist	rict:	
Number	Amount	Title
	X \$28.00 = \$	Commercial Risk Level 1 - 4 Food Service Operations
	X \$14.00 = \$	Non-commercial Risk Level 1 - 4 Food Service Operations
	X \$28.00 = \$	Mobile Food Service Operations
	X \$ 6.00 = \$	Vending Machine Locations
		Transfers O I I I I I I I I I I I I I I I I I I
		Voids OP DREVERUE 13
		Duplicates College Control of the Co
		Temporary Food Service Operations
		Non-commercial Temporary Food Service Operations
		Temporary Food Service Operation Voids
		Temporary Food Service Operation Duplicates
	\$	O Total state amount of license fees accompanying this report

This is to certify that the food service operations on the attached list(s) and summarized above have been licensed in accordance with Chapter 3717. of the Revised Code and the licenses were issued:

From	То	
Signature of Health Commissioner	Date	Date

Return the forms and a check payable to the:

Treasurer, State of Ohio Ohio Department of Health Accounts Receivable Unit P.O. Box 15278 Columbus, Ohio 43215

As per HEA 5307 6/13 CHC Software, Inc.