CINCINNATI HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY PROGRAM

* Food Vendor Information Sheet *

Owner:	
Business Name:	
Home Address:	Street
	City State ZIP Code
Phone Number(s):	
Email Address:	

Please list all food items offered for sale:

Food Item	Where is this food item prepared?	Is the preparation location licensed by a Health Department? If not, does food item comply with cottage food production guidelines?	If preparation location is licensed indicate name of Health Department issuing license.

(Note: For each food item indicated above, it would be helpful to include the label which is placed on the product.)

SIGNATURE OF BUSINESS OWNER **DATE**

Reviewed & Accepted by Cincinnati Health Department _____ _____