



Public Health
Prevent. Promote. Protect.
Greene County



Greene County Public Health
Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner
Kevin L. Sharrett, MD, Medical Director

TEMPORARY FOOD EVENT LETTER OF INTENT

Please be known that the _____ intends to operate a temporary food
(Company/Group/Organization/Etc. Name)

operation at the _____. The times and dates of operation are as follows:
(Name of Fair/Festival/Event)

____ a.m. / p.m. on _____, 20____ to _____ a.m. / p.m. on _____, 20____. The foods and
(Time) (Circle) (Month and Day) (Time) (Circle) (Month and Day)

beverages we are intending to prepare and serve at this event are as follows:

The source of the food is from _____ and all the food to be served will be prepared
(Identify where the food is purchased from)

_____. All hot foods will be kept hot via _____
(On-site, licensed restaurant, etc.) (Specify how foods will be kept hot)

and all cold foods will be kept cold via _____.
(Specify how foods will be kept cold)

Handwashing facilities will consist of _____.
(Specify how the handwashing station will be set up)

Equipment/utensils will be washed/rinsed/sanitized via _____.
(Describe wash station setup and type of sanitizer to be used)

Specify what type of equipment/utensils will be washed/rinsed/sanitized: _____
_____.

Additional support facilities may include: _____.
(Identify any other facilities such as refrigerated trailers, ice boxes, etc.)

NOTE: Applications for a temporary food license **MUST** be submitted a minimum of **5 business days** in advance of your event. Failure to do so prior to the event **may** result in denial of application for a food license.

I, the undersigned, as duly authorized organization representative, understand we must comply with all Ohio Food Code regulations. *Failure to maintain required food holding temperatures may result in the disposal of such foods.* We acknowledge that we may not begin operations or sell any food **prior to** properly setting up all handwashing, dishwashing facilities, etc., **and** the location is set up as per the site drawing.

(Representative Signature)

(Printed Name)

(Phone)

(Date)

(Must be a cell phone where the contact person will be available DURING the event in case of difficulties, delays, etc.)

**THIS LETTER OF INTENT MUST HAVE A DRAWING OF YOUR
TEMPORARY FOOD OPERATION SETUP (BELOW)**

Setup plan reviewed: Approved: _____ Disapproved: _____
EHS Initials _____ Date _____ EHS Initials _____ Date _____

NOTE: YOU MUST BE SET UP AND READY FOR INSPECTION AT THE TIMES / DATES SPECIFIED IN YOUR LETTER OF INTENT. FAILURE TO BE READY FOR INSPECTION OR NOT SHOWING UP ON THE DAY INDICATED IN YOUR LETTER OF INTENT ***MAY RESULT IN YOU NOT BEING ABLE TO PARTICIPATE*** AT THIS EVENT. **QUESTIONS:** CONTACT BRIDGETT SIGMAN AT (937) 374-5607 (ehpermits@greenecophoh.gov) BETWEEN 8:00 AM & 4:00 PM, MONDAY THROUGH FRIDAY.