



## 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](mailto:ehpermits@greenecophoh.gov)) BETWEEN 8:00 AM & 4:00 PM, MONDAY THROUGH FRIDAY.