



GCCHD

Greene County Combined Health District
360 Wilson Drive
Xenia, Ohio 45385
937/374-5600•937/426-6351

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__.
(Time) (Circle) (Month and Day) (Yr.) (Time) (Circle) (Month and Day) (Yr.)

The **foods** and **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)

Any additional support facilities will include _____
(Identify any other facilities such as refrigerated trailers, ice boxes, etc.)

**THIS LETTER OF INTENT MUST HAVE A SITE DRAWING ATTACHED
(OVER)**

TEMPORARY EVENT SITE DRAWING

NOTE: YOU MUST BE SET UP AND READY FOR INSPECTION AT THE TIMES AND 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 AND SELL FOOD AT THIS EVENT. FOR QUESTIONS PLEASE CONTACT THE GREENE COUNTY COMBINED HEALTH DISTRICT AT (937) 374-5600 OR (937) 426-6351 BETWEEN 8:00 AM AND 4:00 PM, MONDAY THROUGH FRIDAY.

I, the undersigned, as a duly authorized representative of this organization, understand that we must comply with all regulations of the Ohio Food Code and failure to properly handle and maintain required food holding temperatures may result in the disposal of such foods. We further understand 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)

(Date)

CONTACT INFORMATION FOR THIS EVENT IS AS FOLLOWS:

CONTACT NAME: _____ (Please Print)

CONTACT PHONE NO.: _____
(*Must be a cell phone where the contact person will be available DURING the event in case of difficulties, delays, etc.*)