

Application for a License to Conduct a Temporary: (check only one)

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application to:

Greene County Public Health
 360 Wilson Drive
 Xenia, Ohio 45385
 tel: (937) 374-5607
 fax:(937) 374-5619

- Food Service Operation
 Retail Food Establishment

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility		
Location of event		
Address of event		
City	State	ZIP
Start date	End date	Operation time(s)
Name of license holder		Phone number
Address of license holder		
City	State	ZIP
List all foods being served/sold		

I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above.

Signature	Date

Licensors to complete below

Valid date(s)	License fee
	\$56.00

Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.



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
360 Wilson Drive • Xenia, Ohio 45385
(937) 374-5600 • Fax (937) 374-5675 • www.gcph.info

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 **3 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) (Please PRINT) (Contact Cell 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)**

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*** AT THIS EVENT. **QUESTIONS:** CONTACT GREENE COUNTY PUBLIC HEALTH AT (937) 374-5600 OR (937) 374-5607 BETWEEN 8:00 AM & 4:00 PM, MONDAY THROUGH FRIDAY.