

**LETTER OF INTENT/APPLICATION TO SERVE ON THE
TRUMBULL COUNTY HEALTH DISTRICT LICENSING COUNCIL (ORC 3709.41)**

YOUR NAME: _____

LICENSE GROUP: Please check which license(s) you hold and indicate business, function or name of site/park/store/etc.:

- #1 RECREATIONAL PARKS/CAMPS _____
- #2 SWIMMING POOLS _____
- #3 FOOD SERVICE OPERATION (FSO) _____
- #4 RETAIL FOOD ESTABLISHMENT (RFE) _____
- #5 CONSTRUCTION & DEMOLITION DEBRIS (C&DD) _____
- #6 SOLID WASTE LANDFILL _____

Name as it appears on the LICENSE, Trumbull County License # _____

ATTACH A COPY OF YOUR CURRENT HEALTH DEPARTMENT LICENSE TO THIS APPLICATION. FAILURE TO DO SO WILL ELIMINATE YOU FROM CONSIDERATION:

The non-completion of any requested question or submission may result in non-consideration of this or other positions:

COMPANY NAME: _____

ADDRESS: _____

Your Education: _____ Are you a doctor?: _____

Briefly describe why you want to serve on this committee/council and possibly on the Trumbull County Board of Health. (You may use one additional sheet of paper/one side.)

BY SIGNING AND ACKNOWLEDGING THIS LETTER OF INTENT TO BE CONSIDERED AS A POTENTIAL MEMBER OF THE HEALTH DISTRICT LICENSING COUNCIL AND POSSIBLY BE APPOINTED A SEAT ON THE TRUMBULL COUNTY BOARD OF HEALTH, I WAIVE ANY AND ALL RIGHTS CONCERNING INVESTIGATION OR MATERIALS AND INFORMATION SUBMITTED AND/OR ANY INFORMATION THAT MAY BE FORTHCOMING AS A RESULT OF ANY BACKGROUND CHECK OR REQUEST FOR INFORMATION OF ANY OUTSIDE AGENT OR AGENCY. I HEREBY GIVE THE BOARD OF HEALTH, THE HEALTH DISTRICT ADVISORY COUNCIL AND THE SELECT COMMITTEE PERMISSION TO MAKE ANY INQUIRIES OR SEEK INFORMATION ABOUT MYSELF, THE BUSINESS I REPRESENT OR ANY AND ALL ORGANIZATIONS TO WHICH I BELONG:

SIGNATURE

DATE

Please return to: Trumbull County Combined Health District
ATTN: Licensing Council
194 W. Main St.
Cortland, Ohio 44410