



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 • www.greeneophoh.gov

TEMPORARY FOOD EVENT LETTER OF INTENT

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

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

5 a.m. (p.m.) on 5/1, 2026 to 6 a.m. (p.m.) on 5/3, 2026. 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:

COOKIES BAKLAVA CAKES PITA POTICA _____

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

HOME AND
LICENSED KITCHEN. All hot foods will be kept hot via N/A
(On-site, licensed restaurant, etc.) (Specify how foods will be kept hot)

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

Handwashing facilities will consist of BASIN w/SOAPY WATER, RINSE BASIN, PAPER TOWELS
(Specify how the handwashing station will be set up)

Equipment/utensils will be washed/rinsed/sanitized via PLASTIC BASIN w/STERILIZER (CHLORINE), PAPER TOWELS
(Describe wash station setup and type of sanitizer to be used)

Specify what type of equipment/utensils will be washed/rinsed/sanitized: SERVING TONGS, SPATULAS, KNIVES

Additional support facilities may include: REFRIGERATOR TRUCK
(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.

Wayne Guden

(Representative Signature) (Please PRINT)

937-239-6994

(Contact Cell Phone)

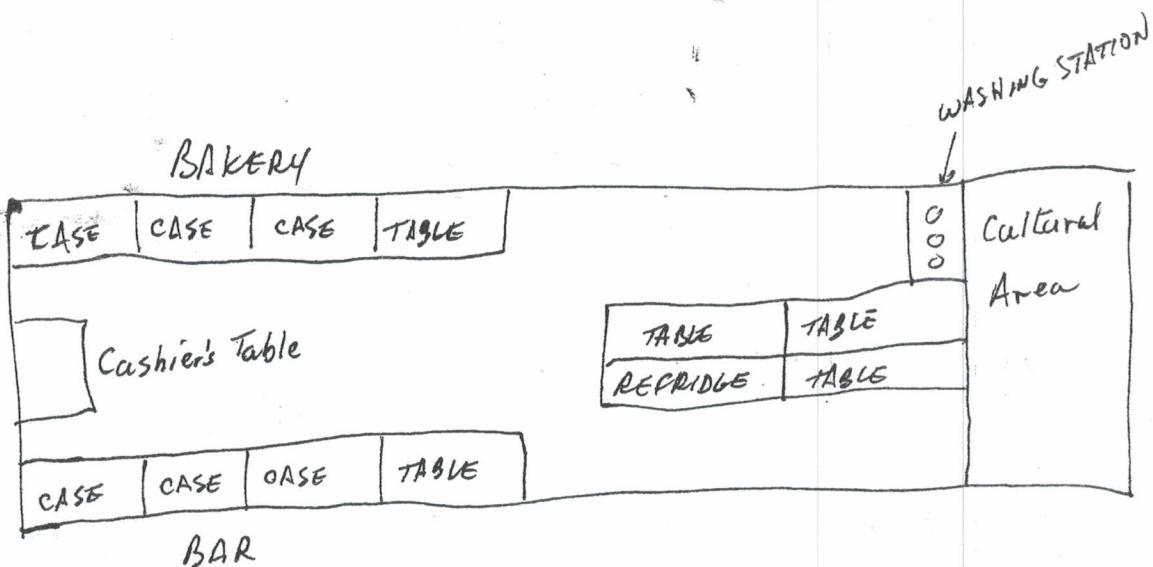
1/5/26

(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)**

SOUTH SLAVS BOOTH LAYOUT 2026



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 (bsigman@greenecophoh.gov) BETWEEN 8:00 AM & 4:00 PM, MONDAY THROUGH FRIDAY.