**Registration Application For A Temporary Retail Food Establishment**

**Return completed from to:**

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Fax: 317/233-9200

Indiana Department of Health – Food Protection Division

***If serving at multiple locations, please complete a form for each.***

**410 IAC 7-24-107 PREREQUISITE FOR OPERATION**

1. **A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.**
2. **A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.**
3. **To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an internet to operate at least thirty (30) days prior to registering under this rule.**

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| --- | --- | --- | --- | --- |
| **ESTABLISHMENT INFORMATION** | | | | |
| **Establishment or Organization:**  Click or tap here to enter text. | | | **Event Name AND Location:**  Click or tap here to enter text. | |
| **Establishment, Owner, or Organization Address *(number and street)***  Click or tap here to enter text. | | | | |
| **City**  Click or tap here to enter text. | **State**  Click or tap here to enter text. | **ZIP Code**  Click or tap here to enter text. | | **County**  Click or tap here to enter text. |
| **E-mail:**  Click or tap here to enter text. | **Cell Phone Number:**  Click or tap here to enter text. | | | **Number of Person in Charge at Event:**  Click or tap here to enter text. |
| **County and License Number:**  Click or tap here to enter text. | **Type of Licensed Kitchen (Select by clicking on the drop-down arrow)**  Choose an item. | | | **Name of and Number and Street Address of Licensed Kitchen:**  Click or tap here to enter text. |
| **\*Name of Certified Food Protection Manager (CFPM):**  Click or tap here to enter text. | **CFPM Issuer/Company:**  Click or tap here to enter text. | | | **Expiration Date:**  Click or tap here to enter text. |
| **Establishment location at the Event:**  Click or tap here to enter text. | **Time Food is being Served:**  Click or tap here to enter text. | | | **Menu/Type of Food:**  Click or tap here to enter text. |
| **Mobile/Food Truck:** | **Trailer:** | | | **Tent/Canopy:** |

**\*Temporary Food Establishments *may* need a CFPM**. **The requirement applies to food establishments cooking raw animal food. A copy of the CFPM certificate MUST be provided with the registration if the food establishment/vendor is cooking raw animal food.**

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| **ESTABLISHMENT OWNER INFORMATION** | | | | |
| **Establishment Owner’s Name**  Click or tap here to enter text. | | | | |
| **Mailing Address *(number and street)***  Click or tap here to enter text. | | | | |
| **City**  Click or tap here to enter text. | **State**  Click or tap here to enter text. | **ZIP Code**  Click or tap here to enter text. | | **County**  Click or tap here to enter text. |
| **E-mail:**  Click or tap here to enter text. | **Cell Phone Number:**  Click or tap here to enter text. | | **Cell Phone Number of Person in Charge**  **At the Event:**  Click or tap here to enter text. | |