

BROWN COUNTY HEALTH DEPARTMENT 2024 TEMPORARY EVENT FOOD LICENSE APPLICATION

BUSINESS NAME: _____

NAME OF THE ESTABLISHMENT SERVING FOOD AT THE EVENT

OWNER OF BUSINESS: _____

PHYSICAL ADDRESS of BUSINESS: _____ **City** _____ **State** _____

CONTACT PHONE: _____ **CELL PHONE:** _____

NAME AND LOCATION OF EVENT: _____

START DATE: ___/___/___ **END DATE** ___/___/___ **Time** will you be set up to serve **FOOD:** _____ **AM?PM?** _____

PERSON IN CHARGE AT EVENT: _____

WHERE IS YOUR COMMISSARY ? _____ **CITY** _____ **ZIP** _____

A commissary is required where your food is stored, the mobile unit is serviced and where food can be prepared. It must be a licensed permitted commercial kitchen. No food is to be stored or prepared at home

CERTIFIED FOOD MANAGER REQUIRED ON STAFF:

(acceptable -ServSafe, 360 Training, Nat'l Registry Food Safety Professionals, Prometric, or "Above Training")

NAME: _____

CERTIFICATE NUMBER: _____ **Issued by** _____ **Exp** _____

ALL FOOD IS TO BE PREPARED IN THE MOBILE UNIT or COMMISSARY!

Unless the food is pre-packaged, labeled, commercially prepared product

MENU --- (List all food, drinks)	SOURCE OF FOOD (Name, location of grocery, caterer, supplier, restaurant)

Hand-washing facilities must be provided at ALL food prep areas (water must be warm)

1.) How will food be cooked at event? _____

2.) How will food be kept hot? (Above 135°F) _____

3.) How will food be kept cold? (Below 41°F) _____

4.) How will food be transported? _____

5.) How long in transit? _____

HOW WILL FOOD BE PROTECTED FROM CONTAMINATION DURING STORAGE, SERVING AND DISPLAY?

SIGNATURE OF OWNER _____

PRINTED NAME _____ DATE _____

If application is denied, Temporary Food License Fee will be returned through the Brown County Auditor's office within approximately 30-45 days

APPROVED by EHS _____ DATE _____ DENIED by EHS _____ DATE _____

Temporary Food License Fee: \$75.00 minimum—for 5 days

\$10.00 per day after the 5th day, 14-day maximum limit

You must submit application and payment at least 7 days in advance of event:

By Mail- check or money order or call with credit card and mail application. Checks should be made out to: Brown County Health Department, and sent to P.O. Box 281 Nashville, IN 47448 or delivered to 200 Hawthorne Drive Nashville IN

PHONE: (812) 988-2255 E-mail: bcenvironmental@browncounty-in.us FAX: (812) 988-5603

**We now accept cash, credit and debit cards (3% fee) and approved checks
EMAIL your application and call in your credit card information- 812-988-2255**