

BROWN COUNTY HEALTH DEPARTMENT 2025 TEMPORARY EVENT FOOD LICENSE APPLICATION

BUSINESS NAME: _____
NAME OF THE ESTABLISHMENT SERVING FOOD AT THE EVENT

PRINTED NAME OF THE OWNER OF THE BUSINESS: _____

PHYSICAL ADDRESS of BUSINESS: _____

City State

CONTACT PHONE: _____ CELL PHONE: _____

EVENT NAME _____

LOCATION of EVENT- be specific: _____

START DATE: ____/____/____ END DATE ____/____/____ Time you will **Start** serving FOOD: _____ AM ____ PM _____

PERSON IN CHARGE AT EVENT: _____

ADDRESS OF YOUR COMMISSARY: _____

CITY ZIP PHONE ____ - ____ - ____

A Commissary or servicing area is required where your food is stored, and where the mobile unit is serviced. A Commissary is required if food is prepared in advance. It must be a licensed permitted commercial kitchen. No food is to be stored or prepared at a private home.

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

CERTIFIED FOOD MANAGER REQUIRED ON STAFF if you sell meat, poultry or seafood:

(acceptable -ServSafe, 360 Training, Nat'l Registry Food Safety Professionals, AAA Food Manager, The Always Food SafeCo, Ilc or Above Training/State Food Safety)

NAME: _____

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

PROVIDE A COPY OF THE CERTIFICATE

-OVER-

FOODS BEING PREPARED	FOOD INGREDIENT SUPPLIER(S)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 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 and how long in transit? _____

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

Submit application in person- Brown County Health Department

200 Hawthorne Drive

Nashville IN 47448

or by email; bchealth@browncounty-in.gov

7 DAYS IN ADVANCE

CALL BY PHONE TO PAY: **(812) 988-2255**

cash, credit and debit cards (3% fee) and approved checks

You may EMAIL or fax your application and call in your credit card information-

Fax is 812-988-5306 Office is 812-988-2255

Annual permits are only available for businesses with a physical business address in Brown County