CLAY COUNTY HEALTH DEPARTMENT
18 N. WALNUT STREET BRAZIL, IN 47834
PHONE (812) 448-9021

Application for Temporary Food Stand Permit

Temporary food establishments are retail food establishments that operate in conjunction with a single event or celebration, and permits are not to extend for a period more than 14 consecutive days.

Establishment/Business/Organization Name: _____

Name of Owner/Operator:_____

Mailing Address:_____

Phone: _____**Email:** _____

Permit Length: ○ **$40.00 Event (14 day max) OR** ○ **$5.00 PER DAY/____# of days**

○ **$25.00 Late Fee (8-13 days prior to event)**

Event &/or Date: _____

Location: _____

Certified Food Handler: _____Exp _____

Water Supply: ○ **Municipal** ○ **Bottled/purchased** ○ **Private well w/ Annual well bacteria test**

MENU: Including all beverages and extra ingredients served with each item
(Vendors selling home baked goods may not obtain a retail food permit)

1._____ 6. _____
2._____ 7. _____
3._____ 8. _____
4._____ 9. _____
5._____ 10. _____

By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-26 (food establishment sanitation requirements), and agreed that the establishment shall be open to inspection by the Clay County Health Department.

I have read and understand all rules and guidelines to obtain a food permit in Clay County.

Signature: _____ Date: _____

Printed Name: _____