



CLAY COUNTY HEALTH DEPARTMENT

18 N. WALNUT STREET BRAZIL, IN 47834

PHONE (812) 448-9021

STAND/TENT TEMPORARY FOOD SERVICE REGISTRATION FORM

Establishment/Business/Organization Name: _____

Name of Owner/Operator: _____

Home Address: _____

Phone: _____ Email: _____

Permit Length : _____ \$40.00 Event (14 day max) OR _____ \$5.00 PER DAY/ _____ # of days

Event &/or Dates : _____

Location: _____

Water Source: _____ Food Source: _____

MENU: (Including all beverages and extra ingredients served with each item)

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

- **MUST LIST EVENTS/DATES, LOCATIONS, FULL MENU, and WATER SOURCES to be approved.**
- \$25.00 LATE FEE WILL BE ADDED IF PERMIT IS NOT OBTAINED 14 DAYS PRIOR TO THE FESTIVAL, **NO PERMITS ISSUED CLOSER THAN 7 DAYS FOR NEW STANDS.**
- **Permits are event & date specific.** Multiple events for a stand operator will require multiple permits.

Indiana State Department of Health Rule 410 IAC 7-26 Sec. 124. "Temporary food establishment" means a retail food establishment that operates in conjunction with a single event or celebration for a period of not more than 14 consecutive days;

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-26, (Retail Food Establishment Sanitation Requirements).

(Print Name)

(Signature)

SERV SAFE CERTIFICATION # _____ EXPIRATION DATE: _____

(ATTACH COPY)

FORM UPDATED 9/2/2025