



Public Health
Prevent. Promote. Protect.

Clinton County Health Department

1234 Rossville Ave, Ste. B, Frankfort, IN 46041

Phone: 765-659-6385 Fax: 765-659-6387



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Temporary/Seasonal* Food Permit Application

Festival/Event Name(s): _____

Date of Event(s): _____

Time of Event(s): _____

Months/Hours of Operations: (*Seasonal) _____

Establishment Name: _____

Establishment Address: _____

Owner Name: _____

Owner Address: _____

Contact Phone Number: _____

Email Address: _____

Menu: _____

Is there a food safety education (specify either Food Handler or Food Protection Manager certificate*) by the food establishment owner/manager? (Please write name(s) and attach a copy of the certificate):

Over---->



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Application is hereby made for a permit to operate a Temporary/Seasonal food establishment. By this application, it is agreed that the establishment will comply with the provision of the Indiana State Board of Health rule 410IAC7-24 and the Clinton County Health Department food service requirements. It is further agreed that the establishment will be open to inspection by the Clinton County Health Department.

- VENDORS WHO HAVE MORE THAN ONE (1) BOOTH AT AN EVENT (NOT CONNECTED SIDE-BY-SIDE) MUST OBTAIN A PERMIT FOR EACH BOOTH
- THE PERMIT IS TO BE POSTED IN A CONSPICUOUS PLACE IN YOUR ESTABLISHMENT DURING THE EVENT

APPLICATION FEE SCHEDULE*:

SINGLE EVENT

One (1) to Three (3) Consecutive Days: \$25.00

Each Additional Day: \$10.00 (up to 3 additional days)

Number of additional days: _____

Seven (7) to Ten (10) Consecutive Days: \$75.00

SEASONAL/MULTI-EVENT

Any thirty (30) Consecutive Days \$100.00

Any six (6) Months period in a calendar \$150.00

FARMER'S MARKET Vendors – Reach out to Clinton County Health Department.

HOME BASED VENDORS (HBV):

As a HBV, you are required to have a "Food Handler" certificate.

If you are selling only non-potentially hazardous (i.e. TCS = Time and Temperature Control for Safety Food) food as a HBV then you are not required to pay for a permit; but you must register with our office as Home Based Vendor.

***NON-PROFIT ENTITIES ARE EXEMPT FROM PERMIT FEES. REGISTRATION IS REQUIRED. TAX 501(c)3 ID MUST BE PRESENTED AT THE TIME OF REGISTRATION.**

OFFICE USE ONLY

Fee Paid: _____

501(c)3 ID # (if applicable): _____

Date Permit Issued: _____

Issued By: _____