



**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 Food Permit Application

Festival Name(s): \_\_\_\_\_

Date of Event(s): \_\_\_\_\_

Time of Event(s): \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Menu: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a certified food handler? (Please write name and attach a copy of the certificate):

\_\_\_\_\_

Over---->



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Application is hereby made for a permit to operate a temporary 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

Thirty (30) Consecutive Days:                      \$100.00

Six (6) Months (May 1<sup>st</sup> through October 31<sup>st</sup>):      \$150.00

### FARMER'S MARKET

Non-Potentially Hazardous Foods:      \$60.00  
 Whole, Uncut Produce:                      No Fee (Registration only)

\*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: \_\_\_\_\_