

## Application for a Permit to Operate a Temporary Retail Food Establishment

Application is hereby made for a permit to operate a TEMPORARY retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24, 410 IAC 7-22, and Howard County Retail Food Establishment Ordinance 2005 BCC-22, as amended. It is further agreed that the establishment shall be open to inspection daily by agents of the Howard County Health Department. **THIS PERMIT IS NON-TRANSFERABLE!** It is issued only to the establishment and location/event specified on the permit. This form must be filled out completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE OF \$15.00 per day** must be returned to the Howard County Health Department by 4:00 p.m. **NO LESS THAN ONE WEEK PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.** The fee is non-refundable. Maximum fee for one event/site is \$75.00 for up to 14 days operation. Submitting this application does not guarantee a permit will be issued.

**Vendor's Business Name:** \_\_\_\_\_

The name commonly used or known or the "doing business as" name. If individual, use individual name.

**Complete Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the vendor may be reached.

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

**Operator's Name:** \_\_\_\_\_

The person who owns the temporary business

**Home or Business Telephone:** \_\_\_\_\_

Number that normally rings the business. Also list fax or cell phone by which business can be reached.

**On-site Manager's Name:** \_\_\_\_\_

The person responsible for the onsite operation and is available on site during the operation.

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

**Daily Hours of Operation:** \_\_\_\_\_

**Location of the Event:** \_\_\_\_\_

\_\_\_\_\_

Give the address or physical location of the event and directions to site, including lot number.

**Menu (Food) to be served:** \_\_\_\_\_

\_\_\_\_\_

**List the source(s) of all foods that will be served at the event:** \_\_\_\_\_

\_\_\_\_\_

**Will any of the food served be prepared one day and served the next? List all such foods:**

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**Where is food stored prior to preparation?** *Food Stand* \_\_\_\_ *Supply Truck* \_\_\_\_ *Other* \_\_\_\_

**Location of Food Preparation:** *On-site* \_\_\_\_ *Supply Truck/Trailer* \_\_\_\_ *Other* \_\_\_\_

**If other, specify the food source:** \_\_\_\_\_

All food served must come from an inspected and approved source. **No home preparation.**

**Will any foods cooked one day be kept as leftovers, then reheated and served the next day? If yes, what foods?** \_\_\_\_\_

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**Describe the procedure used to handle food prepared one day and served the next:**

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**How will you dispose of waste water?** *Holding Tanks* \_\_\_\_\_ *Public Utility* \_\_\_\_\_

**Potable water source:** *Public Utility* \_\_\_\_ *Private Supply (Well)* \_\_\_\_ *Bottled Water* \_\_\_\_\_

**Structure Type:** *Permanent Building* \_\_\_\_\_ *Self-Contained Trailer* \_\_\_\_\_ *Booth* \_\_\_\_\_

*Tent* \_\_\_\_ *Other (describe)* \_\_\_\_\_

**Food Handler Certification: Certified Employee:** \_\_\_\_\_

Please check which Certification the employee(s) hold(s). This certification is required for one employee.

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> ServSafe® National Restaurant Association                                   | Expiration Date: _____ |
| <input type="checkbox"/> Certified Professional Food Manager® Prometric                              | Expiration Date: _____ |
| <input type="checkbox"/> Certified Food Safety Manager, Nat'l Registry of Food Safety Professionals  | Expiration Date: _____ |
| <input type="checkbox"/> Certified Food Protection Manager (CFPM) Above Training/StateFoodSafety.com | Expiration Date: _____ |

**Permit Fee will be paid by:** *Vender* \_\_\_\_ *The Event Coordinator* \_\_\_\_

**I attest to the accuracy of the information provided herein.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do Not Write Below This Line. For Official Use Only**

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Permit Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Payment Received: \$ \_\_\_\_\_

File Date: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_