JASPER COUNTY HEALTH DEPARTMENT

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**TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION**

ISDH Rule 410 IAC 7-24 defines any food service, retail food service, or mobile food service establishment that operates at one location for a period of time not to exceed 14 consecutive days as a temporary food establishment.

**Please complete the following in its entirety and submit 2 weeks prior to event!**

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

Name of Event or Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A SEPARATE PERMIT IS REQUIRED FOR EACH UNIT THAT OPERATES!!**

Type of Set-Up: Trailer\_\_\_ Booth\_\_\_\_ Tent\_\_\_\_

List the food being sold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include a copy of your Serv Safe Certificate!!!**

Temporary Permit Fee: $35.00 and a copy of driver’s license

Not-for-Profit Exempt- No Fee -Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the one applies to your facility:

Sewage Disposal: Public Private

Water Supply: Public Private

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Internal Use Only

Permit #\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #\_\_\_\_\_\_\_\_\_\_\_\_ Check/MO/CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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