



JENNINGS COUNTY HEALTH DEPARTMENT

PO BOX 323 / 200 EAST BROWN STREET

VERNON, INDIANA 47282

(812) 352-3024 FAX: (812) 352-3030

kdougherty@jenningscounty-in.gov

TEMPORARY/NON PROFIT FOOD VENDORS PERMIT APPLICATION

Please complete both pages of the application and mail or hand deliver to our office on or 11 days prior to the scheduled event. **Late Fees** will apply and be added 10 days prior to and the day of the event. All Non Profit applicants must provide a Tax ID#.

Festivals or Events you will attend in Jennings County: 2020

- | | |
|---|--|
| <input type="checkbox"/> Sassafras Team Festival | <input type="checkbox"/> Vernon Labor Day Festival |
| <input type="checkbox"/> Jennings County Fair | <input type="checkbox"/> Hayden Museum Labor Day Fest. |
| <input type="checkbox"/> North Vernon July Fourth Celebration | <input type="checkbox"/> Commiskey Fall Festival |
| <input type="checkbox"/> North Vernon Christmas in the City | <input type="checkbox"/> Other _____ |

DATE: _____

Applicant

Name Displayed on Booth _____

Name of Owner/Operator/Organization _____

Mailing Address _____

City/State/Zip Code _____

Email Address _____

Contact Person at Booth _____

Contact Phone # (Home) _____ (Cell) _____

Name of Certified Food Handler _____ Cert.Exp.date ___/___/___

Type of Certification Serv Safe Food Safety Manager (NRFSP) Certified Pro Food Mgr.

List of Food Items to be Prepared and Served: _____

Food Items that will be prepared at other locations and brought to the event:

Location at which above listed foods will be prepared _____

Type of Structure Trailer Tent Inside Building Other

Type of Water Source Self-contained Tank Supplied by Festival Other

Type of Hand washing Sink Thermos w/spigot Urn Other _____

Type of Dish washing 3 compartment sink Tubs/buckets Other _____

Type of Power Source Plug into source Generator LPG Other _____

Date of Event _____

Number of Days of Operation _____

Time Food will be served from _____ to _____

Non Profit Tax ID Number _____

FEE SCHEDULE

\$40.00 per unit per event (11 days prior to event) **\$60.00 per unit per event (10 days prior)**

70.00 Per unit per event (day of event) **\$85.00 per unit 3 or more events in Jennings**

For profit: A Certified Food Handler must be present during the event and have proof of certification (if required) or you will not be allowed to participate. If you are uncertain if a CFH is required, contact the JCHD for clarification.

The undersigned applies for a license to operate a temporary food service establishment pursuant to retail food establishment requirements in 410 IAC 7-24. The undersigned certifies receipt of the conditions of operation, and that the establishment will be operated and maintained in accordance with these conditions.

Applicants

Signature _____ **Date** _____

