



**KNOX COUNTY • INDIANA  
DEPARTMENT OF HEALTH**

**Temporary Food License and Inspection Request**

**Knox County Health Department  
328 N. 2<sup>nd</sup> Street Suite 100, Vincennes IN 47591  
Phone: (812)-882-8080 ext. 8412**

All food Establishments must comply with 410 IAC 7-24 and Knox County Health Department regulations. THIS REQUEST MUST BE SUBMITTED TO THIS DEPARTMENT TWO WEEKS PRIOR TO THE INTENDED DATE OF OPERATION. EACH QUESTION MUST BE ANSWERED IN ORDER FOR THIS REQUEST TO BE PROCESSED.

**APPLICANT INFORMATION**

Date of Request: \_\_\_\_\_

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

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

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**EVENT INFORMATION**

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

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

Total # of Days of Operation: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Time food preparation will begin (Inspection and licensing must occur before this time): \_\_\_\_\_

Inspection Request Date: \_\_\_\_\_ Time: \_\_\_\_\_

**FACILITY INFORMATION**

Type of Structure:  Trailer  Tent  Inside Building  Other: \_\_\_\_\_

Type of Water Source:  Tank  Hose from Approved Source  Other: \_\_\_\_\_

Type of Power Source:  Will plug into direct source  Generator  Other: \_\_\_\_\_

Describe wastewater holding and disposal method: \_\_\_\_\_

Will you be preparing food on site or only heating/holding and serving foods that have been previously prepared off site? \_\_\_\_\_

**IF PRE-MADE FOODS ARE NOT FROM COMMERCIAL FOOD SUPPLIERS YOU MUST SUPPLY A COPY OF THE FOOD SERVICE LICENSE FROM THE FACILITY WHERE THE FOODS ARE PREPARED.**

List your food suppliers \_\_\_\_\_

Name of Certified Food Manager: \_\_\_\_\_ Certification # \_\_\_\_\_

Please List ALL foods and beverages to be prepared, sold and served: \_\_\_\_\_

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Licensing fees are graduated in three consecutive days at a single location in conjunction with a single event or celebration. Please refer to the Knox County Health Department for the current fee amounts. Temporary food establishment license fees must be paid by check payable to Knox County Health Department **at time of inspection**. **DO NOT SEND PAYMENTS BEFORE THE EVENT**

The undersigned is requesting a temporary license to operate a temporary food service establishment pursuant to ISDH Retail Food Establishment Sanitation Requirements in 410-IAC 7-24 and Knox County Health Department requirements. Submitting this application does not guarantee a license will be issued.

Printed Name: \_\_\_\_\_

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

Requests may be turned into our office, mailed, faxed (812-882-5625) or emailed to [thayden@knoxcounty.in.gov](mailto:thayden@knoxcounty.in.gov)