



# Putnam County Health Department

P.O. Box 507

Greencastle, IN 46135

Phone: (765) 653-0203 | Fax: (765) 653-0208

putnamcountyhealth.in.gov

**Public Health**  
Prevent. Promote. Protect.



Received by: \_\_\_\_\_

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

## Temporary or 2-day Event Food Permit Application

To operate a Retail Food, Bed & Breakfast, Seasonal, Mobile Food, Temporary Food, or Catering Establishment in Putnam County a permit is required. Non-Profit Organizations require a permit if they serve food more than 15 days per calendar year.

**Any application with incomplete or missing information will not be issued a Food Permit.**

**Establishment Name:** \_\_\_\_\_  
The name commonly used or the "doing business as" name.

**Name of Event:** \_\_\_\_\_

**Event address:** \_\_\_\_\_

**Beginning and End Date of Event:** \_\_\_\_\_

**Hours of Operation During the Event:** \_\_\_\_\_

**Owner/Operator Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Where do you store food, supplies, equipment, and utensils?** \_\_\_\_\_

**Is all food preparation done on site at the event?** ☐ Yes ☐ No

**If no, where is food preparation done?** \_\_\_\_\_

**Is warewashing completed on site at the event?** ☐ Yes ☐ No **If no, where?** \_\_\_\_\_

**Water Source:** \_\_\_\_\_ **(City Water, Store Bought, or Well Water)**

Well water supply is required to submit a satisfactory water sample annually.

**How will wastewater be disposed:** \_\_\_\_\_

**Does each stand have its own hand washing station?** ☐ Yes ☐ No

Permit Type:	Fee
<input type="checkbox"/> Temporary Event (up to 14 consecutive days)	\$75.00
<input type="checkbox"/> 2-Day Event	\$30.00

**Food Suppliers:** \_\_\_\_\_

How will excess quantities of food be stored outside of the temporary food establishment? \_\_\_\_\_

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

Please include all menu items or attach a copy of the menu to this application.

**Certified Food Manager Certification:**

PCHD only accepts current employee(s) holding a qualifying certification from accredited testing organizations. Certificates will have to have the following seal (right):

**Certified  
Food  
Manager  
Certification**



**Applicant is required to include copy of certification for current employee(s):**

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

**Please draw a diagram of the layout of the temporary food establishment including all equipment and handwashing stations. .**

A large, empty rectangular box with a black border, intended for the applicant to draw a diagram of the layout of the temporary food establishment, including all equipment and handwashing stations.

How do you plan to keep TCS foods below 41°F or above 135°F? \_\_\_\_\_  
\_\_\_\_\_

How do you plan to keep food protected from outside contamination? (i.e. insects, rodents, weather,ect) \_\_\_\_\_  
\_\_\_\_\_

**Agreement to Operate in Putnam County**

**Owner or Corporation Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State ZIP

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

What address do Permits, Inspection Reports, and Invoices get mailed to? ☐ Establishment Address  
☐ Owner/Corporation Address

Application is hereby made for a license to operate a temporary food permit in Putnam County. By this signed application, it is agreed that the establishment and owner/operators will comply with the provisions of the Indiana Department of Health Rules 410 IAC 7-22 (food handlers requirements), 410 IAC 7-23 (scheduled civil penalties, 410 IAC 7-26 (food establishment sanitation requirements) and Putnam County food ordinance and any future amendments. It is further agreed that the temporary establishment shall be open to inspection daily.

**I attest that I have read and acknowledge the accuracy of the information provided herein and that I have read and understand all rules and guidelines to obtain a food permit in Putnam County. Food permits must be obtained at least 5 business days prior to an event. If submitted less than five business days, a late fee will be assessed. Submission within two business days will be denied a permit and not allowed to operate. Permit fees are non-refundable.**

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

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_