Reset Form

REGISTRATION APPLICATION FOR A TEMPORARY RETAIL FOOD ESTABLISHMENT

State Form 55110 (R2 / 4-13)
Indiana State Department of Health – Food Protection Program

Return completed form to:

Indiana State Department of Health
Food Protection Program, Room N855
100 N. Senate Ave.
Indianapolis, IN 46204
317/234-8569 (fax) 317/233-9200

Please complete a form for each separate operation.

410 IAC 7-24-107 PREREQUISITE FOR OPERATION

(a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
(b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.
(c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

ESTABLISHMENT OWNER INFORMATION

Establishment Owner's Name			
Mailing Address *(number and street)*			
City	State	ZIP Code	County
E-mail	Telephone Number	Fax Number	

ESTABLISHMENT INFORMATION

Establishment or Organization			
Establishment or Organization Address *(number and street)*			
City	State	ZIP Code	County
E-mail	Telephone Number	Fax Number	

EVENT INFORMATION

Event Name

Event Contact | Telephone Number

Date(s) of Event *(month, day, year)* | Hour(s) of Event

Food to be Served

Location of your operation during this Event *(check one)*:
☐ Grandstands ☐ On the Fairgrounds – Lot Number: _____
☐ Building *(specify)*: _____ *(Building Name)*

Type of structure *(check one)*:
☐ Trailer ☐ Tent ☐ Cart ☐ Booth: _____ *(Booth Number)* ☐ Other: _____ *(Specify)*
☐ Stock truck: _____ *(State and License Plate Number)* ☐ Prep truck: _____ *(State and License Plate Number)*

Providing Samples to the Public? ☐ Yes ☐ No

Food Prep / Storage at location other than Fairgrounds? ☐ Yes ☐ No *(If Yes, provide Other Site Prep / Storage address.)*

_____
(Street) *(City)* *(State)* *(ZIP Code)* *(County)*

If located elsewhere on fairgrounds, provide location:_____

Original Signature of applicant	Date *(month, day, year)*
Printed name of applicant	Title