

UNION COUNTY HEALTH DEPARTMENT

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APPLICATION FOR TEMPORARY FOOD PERMIT

NAME OF TEMPORARY FOOD SERVICE UNIT _____

NAME OF OWNER OR OPERATOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE/OWNER _____ E-MAIL ADDRESS _____

CERTIFIED FOOD HANDLER

CERTIFICATE NUMBER

EXPIRATION DATE

Copy of the Certified Food Handler's certification document and photo ID must be provided with the application.

Certified Food Handler Requirement: Indiana State Department of Health Title 410 IAC 7-22 Effective December 17, 2006

Establishments shall have the above certified food handler at the event for each day.

NAME AND LOCATION OF EVENT

DATE OF OPERATION FROM _____ TO _____

GARBAGE/REFUSE DISPOSAL: FESTIVAL OWN

LIQUID WASTE DISPOSAL: FESTIVAL OWN

LIST FOODS TO BE SERVED

Are any food items prepared in part or in whole outside of the food unit? Yes () No () If yes, where?

Are any food items prepared at previous events prior to your arrival in Union County? Yes () No () If yes, when?

How stored?

OPERATIONS

1. Safe temperatures are 41 degrees F and below or 135 degrees F and above. Thaw frozen foods under refrigeration, or other approved method.
 2. Keep all supplies up off the floor and/or ground and in original containers.
 3. All food establishments shall comply with Indiana State Department of Health Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 Effective November 13, 2004.

I have hereby read and understand the above application for a temporary food permit and have completed said application.

Signature

Date