

WAYNE COUNTY HEALTH DEPARTMENT
100 South 5th STREET
RICHMOND, INDIANA 47374
(765) 973-9245

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

Complete the Temporary Food Service Permit application and return to the Wayne County Health Department **7 days prior to the event. Permit Fee \$15.00 per day non-refundable. Please make payment when submitting the application. Please call if you have any questions.**

NAME OF TEMPORARY FOOD SERVICE UNIT: _____

NAME OF OWNER OR OPERATOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE OPERATOR/OWNER: _____ EMAIL: _____

NAME & LOCATION OF EVENT: _____

DATE(S) OF OPERATION: FROM: _____ - _____ TO: _____ - _____

****TIME OF SET UP –FOR INSPECTION** _____ ******

****EVENT COORDINATOR NAME & NUMBER** _____

GARBAGE/REFUSE DISPOSAL: CITY ☐ FESTIVAL ☐ OWN ☐

LIQUID WASTE DISPOSAL: CITY ☐ FESTIVAL ☐ OWN ☐

FOOD ITEMS 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 festivals prior to your arrival in Wayne County? Yes ☐ No ☐

CERTIFIED FOOD MANAGER NAME: _____ Certifying Agency: _____ Expiration Date: _____

EQUIPMENT CHECKLIST

Below is a brief checklist of some of the equipment and requirements needed to operate a temporary food unit in Wayne County.

- ☐ 1. Three bay sink with hot and cold running water provided to each bay.
- ☐ 2. Hand washing sink with at least warm running water, soap and individual paper towels.
- ☐ 3. A wastewater tank to hold wastewater until properly disposed of (**discharge of wastewater in or on the ground is prohibited**)
- ☐ 4. Any hose used to supply water to the unit must be of food grade quality.
- ☐ 5. To check sanitizer concentration of wiping clothes and sanitizer at three bay sink, a chemical test kit shall be provided.
- ☐ 6. A stem-type thermometer to check the internal temperature on hot/cold items.
- ☐ 7. Ambient thermometers in each cold storage unit to check internal temperature of the unit.

Signature: _____ Date: _____ / _____ / _____

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For Office use only: Accept Date: _____ Check Number _____

Receipt Number: _____ Received by: _____

NO REFUNDS