

WAYNE COUNTY HEALTH DEPARTMENT  
100 South 5<sup>th</sup> 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.*

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 (IF KNOWN)** \_\_\_\_\_

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 ☐

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

.....  
**For Office use only:** Accept Date: \_\_\_\_\_ Check Number \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Received by: \_\_\_\_\_

**NO REFUNDS**