

Madison County Health Department

206 E 9th Street, Suite 200 □ Anderson, IN 46016 □ (765) 641-9523 □ (765) 646-9203 Fax

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

THIS APPLICATION AND THE APPROPRIATE FEE MUST BE SUBMITTED TO THIS DEPARTMENT AT LEAST 48 HOURS or TWO BUSINESS DAYS PRIOR TO THE INTENDED DATE OF OPERATION. EACH QUESTION MUST BE ANSWERED.

APPLICANT INFORMATION:

Date of Application: _____ Name of Applicant: _____
Establishment or Organization: _____ Owner: _____
Establishment/Organization Address: _____
(Street) (City) (State) (Zip)
Establishment Telephone: _____ E-Mail: _____

EVENT INFORMATION:

Name of Event: _____ Date(s) of Event: _____
EXACT Location of Event: _____
Total # of Days of Operation: _____ Time food preparation will begin: _____ Time food will be served: _____
(This is the time the inspection will take place) ^

FACILITY INFORMATION:

Type of Structure: Trailer Tent Booth Inside Building Other: _____
Type of Water Service: Tank Hose from Approved Source Other: _____
Do you have a Backflow Prevention Device? ___ Yes ___ No ___ Not applicable
Type of Power Source: Will plug into direct source Generator LPG Other: _____
Type of Hand washing: Sink Thermos with spigot Urn Other: _____
Type of Dishwashing: 3-Compartment Sink Tubs/Buckets Other: _____

Name of the Person-In-Charge at the event (for your establishment): _____
Name of Certified Food Handler: _____ Position: _____ Certificate Expiration: _____
(In Accordance with 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless otherwise exempt.)

FOOD PRODUCT INFORMATION:

Please list ALL FOODS AND BEVERAGES to be prepared, sold, or served: _____

Please list ALL MENU ITEMS that will be prepared at another location and brought to the event: _____

List the location at which the above-listed foods will be prepared: _____

FEES:

1-14 Days \$75.00 *in conjunction with one event*
6 Months or less \$125.00 *in conjunction with more than one event*

THIS IS A NON-REFUNDABLE FEE

By signing below I agree to ALL terms and conditions listed on this permit application

Signature of Applicant(s) or Corporate Officer: _____
Printed Name of Applicant(s): _____

PERMIT WILL NOT BE ISSUED IF NOT PROPERLY SIGNED!

Signature of Inspector: _____ Date: _____ Establishment #: _____
Receipt #: _____
Clerk: _____
Date: _____