

Fayette County Health Department

401 Central Ave.
Connersville, Indiana
(765) 825-4013

APPLICATION FOR TEMPORARY FOOD PERMIT

NAME OF TEMPORARY FOOD SERVICE UNIT: _____

NAME OF OWNER OR OPERATOR: _____

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

TELEPHONE/OWNER: _____ TELEPHONE/OPERATOR: _____

NAME AND LOCATION OF EVENT: _____

DATE OF OPERATION: FROM: _____ TO: _____

Facility Information

Type of Structure: Trailer ___ Tent ___ Booth ___ Inside Building ___ Other _____
Type of Water Service Tank ___ Hose from approved Source ___ Other _____
Type of Handwashing: Sink ___ Thermos w/spigot ___ Urn ___ Other _____
Type of Dishwashing: 3-Comp. Sink ___ Tubs/Buckets ___ Other _____

FOODS TO BE SERVED:

Meat Products

Sausage Gravy () Pork Chops () Tenderloins () Pork Kebobs () BBQ Ribs () Gyros () Hamburgers () Tacos () Fish ()
Hoagies () Burritos () Hot/Corn Dogs () Italian/Polish Sausage () Chicken Tenders () Other () Please List Other Items Below:

Drinks

Soda Fountain () Soda Cans () Coffee () Tea () Shake-Ups () Other () Please List Other Items Below:

Breads

Pretzels () Elephant Ears/Funnel Cakes () Nachos () Donuts () Other () Please List Other Items Below:

Vegetables

French Fries () Veggie Pita () Corn on the Cob () Fried Vegetables () Onion Rings () Other () Please List Other Items Below:

Dairy

Ice Cream () Cheese Sticks () Nacho Cheese () Other () Please List Other Items Below:

Candies

Caramel Corn () Caramel Apples () Cotton Candy () Taffy () Other () Please List Other Items Below:

Miscellaneous

Fried Rice () Sno-Cones () Pizza () Popcorn () Other () Please List Other Items Below:

NAME OF CERTIFIED FOOD HANDLER _____ DATE OF CERT. _____

(Must send a Copy of Certified food handler with application)

Fayette County Health Department
401 Central Ave. Phone (765) 825-4013
Connersville, IN 47331-1901 Fax (765) 825-7189

The Fayette County Health Department permits for a temporary food establishment is **thirty dollars (\$30.00) for (1) thru (5) days and Ten dollars \$10.00 for each day after (5) days For a single event. Pre-registration is required.** If mailing, please pay by check. Checks must be made out to the Fayette County Health Department.

“Temporary food establishment” means a food establishment that operates for a period of no more than fourteen (14) consecutive days in conjunction with a single event or celebration or in one location.

THIS IS A NON-REFUNDABLE FEE

Enclosed fee: \$ _____ All permits fees are payable to:

Fayette County Health Department
401 Central Ave.
Connersville, IN 47331

I hereby apply for a Temporary food permit and agree to comply with all provisions of Indiana State Health Department regulation 410 IAC 7-24.

I have received the information packet and understand this information that is required.

Applicant's Signature: _____

Reminder for all Festival Organizers and Temporary food Vendors.

- 1) All temporary food permits in Fayette County are pre-registration only!**
- 2) Temporary food establishments can operate for a period of no more than fourteen (14) consecutive days in conjunction with a single event or celebration or in one location.**
- 3) All vendors must have a copy of the Food Handler Certification on file with the Fayette County Health Department before a temporary permit will be issued. 410 IAC 7-22**
- 4) All vendors must have holding tanks of adequate capacity for wastewater. (See Festival Organizers for dumping sites)**
- 5) All vendors must have grease containers to contain all grease run-offs.**
No grease, wastewater or food debris may be dumped on the ground, storm sewers or ditches. Waste must be disposed of according to the law Sections 340, 361