

Seasonal Food Service Establishment Application

Date of Application: _____ Name of Applicant: _____

Name of Seasonal Operation: _____

Mailing address of operation: _____

City, State, and Zip: _____ Operation phone# (____)____ - _____

Mobile phone # (____)____ - _____ Email: _____

Location(s) where operating:

NOTE: This license is valid only for location(s) listed on this application.

Name of Person in Charge at location (if not owner): _____

Facility Information:

Type of Structure: Trailer Truck Cart Tent Inside Building

Type of Handwashing: Sink Thermos with spigot Urn

Type of Dishwashing: Three-compartment sink Tubs/Buckets

Food Samples being provided? YES NO Note: food sampling will require a handwashing facility

PLEASE ANSWER QUESTIONS ON THE BACK OF THIS APPLICATION

FEE SCHEDULE

SEASONAL ESTABLISHMENT (Operates not more than 8 months in a calendar year)

\$100.00 _____

PLEASE NOTE: (Home based vendors cannot be permitted as a seasonal operation)

ATTENTION: If only selling eggs, you do not need a health department permit but are still required to have an egg license from the INDIANA EGG BOARD.

-----Office use only-----

Check Number: _____

Receipt Number: _____

Permit Number: _____

Please Provide the following information:

Name of Certified Food Handler: _____ Certificate Number: _____

Certificate Expiration Date: _____

410 IAC 7-24 requires a food establishment employ a certified food handler based on menu/operation

Certified Food Handler documentation must be provided at the time of application or at the event to avoid menu limitations, citations, or closure.

Food Product Information (This area must be completed. A separate sheet can be used):

1. List all food and beverages to be prepared and served: _____

2. List food items that will be prepared at other locations and brought to the event:

3. List the location at which above listed food will be prepared: _____

4. Where is meat/poultry processed? (Name of processor and BOAH plant ID number)

5. Please list equipment for:

a.) Cold Holding at 41° F or below: _____

b.) Hot Holding at 135°F or above:

6. A TEMPORARY HANDWASHING STATION MAY BE REQUIRED IF MENU INDICATES THE NEED FOR ONE OR IF SAMPLING IS BEING DONE.

****The undersigned applies for a license to operate a temporary food service establishment pursuant to retail food establishment sanitation requirements in 410 IAC 7-24. The undersigned certifies receipt of the conditions of operation, and that the establishment will be operated and maintained in accordance with these conditions. If not followed the undersigned agrees that license can be revoked.*****

Seasonal food establishment permit fees must be paid by cash or check payable to:
Dubois County Health Department.

Applicant's Signature: _____ Date: _____