

Dubois County Health Department
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Jasper, IN 47546



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Public Health
Prevent. Promote. Protect.

Temporary Food Service Establishment Application

Application and fee (**\$20.00 per day**) must be submitted to the Dubois County Health Department at least 48 hours prior to the intended date of operation. (Paid in Cash or Check made payable to Dubois County Health Department)

Applicant Information:

Date of Application: _____

Establishment Name: _____

Owner or Person in Charge: _____

Address: _____ City, State, and Zip: _____

Phone (____)____-____ Owner Phone (____)____-____ Email: _____

Name of Event: _____

Address/Location of Event: _____

Dates and Times of Event: _____

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

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

Name of Certified Food Handler: _____ Certificate Number: _____

Certificate Expiration Date: _____ ***(410 IAC 7-24 requires a food establishment to employ a certified food safety manager based on menu/operation)***

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

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

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

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

****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 and Dubois County Board of Health Ordinance 2016-05. The undersigned certifies receipt of the conditions of operation, and that the establishment will be operated and maintained in accordance with applicable laws. If not followed the undersigned agrees that license can be revoked.****

Applicant's Signature: _____ **Date:** _____

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

Check Number: _____

Receipt Number: _____

Permit Number: _____