

Temporary Food Service Establishment Application

Application and fee (\$10.00 per day) must be submitted to the Dubois County Health Department at least 48 hours prior to the intended date of operation.

Applicant Information (Permit will be mailed to this address):

Date of Application: _____ Name of Applicant: _____
Establishment or Organization: _____
Establishment or Organization address: _____
City, State, and Zip: _____ Establishment phone#(____)____-_____
Mobile phone #(____)____-____ Email: _____
Name of Event: _____ Address of Event: _____
Dates and Times of Food Operation: _____

Facility Information:

Type of Structure: Trailer Truck Cart Tent Inside Building
Type of Power Source: Will Plug into source Generator None Needed
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

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

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. 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.*****

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

Applicant's Signature: _____ Date: _____

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

Check Number: _____

Receipt Number: _____

Permit Number: _____