

Howard County Health Department
Division of Environmental Health
120 East Mulberry Street, Suite 210
Kokomo, IN 46901-4657

Phone 765-456-2403
Fax 765-456-2417

Application For A Permit To Operate A Temporary Retail Food Establishment

Application is hereby made for a permit to operate a TEMPORARY retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24, 410 IAC 7-22, and Howard County Retail Food Establishment Ordinance 2005 BCC-22, as amended. It is further agreed that the establishment shall be open to inspection daily by agents of the Howard County Health Department. ***THIS PERMIT IS NOT TRANSFERABLE.*** It is issued only to the establishment and location/event named on the permit. This form must be filled out completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE OF \$15.00 per day** must be returned to the Howard County Health Department by 4:00 p.m. **NOT LESS THAN ONE WEEK PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.** The fee is not refundable. Maximum fee for one event/site is \$75.00 for up to 14 days operation. Submitting this application does not guarantee a permit will be issued.

Vendor's Business Name: _____

The name commonly used or known or the "doing business as" name. If individual, use individual name.

Complete Mailing Address: _____

State: _____ **Zip:** _____

The legal mailing address of the business by which the vendor may be reached.

Operator's Name: _____

The person who owns the temporary business

Home or Business Telephone: _____

Number that normally rings the business. Also list fax or cellular phone by which business can be reached.

On-site Manager's Name: _____

The person responsible for the on site operation and is available on site during the operation.

Name of Event: _____ **Dates:** _____

Start Time: _____ **Daily Hours of Operation:** _____

Location of the Event: _____

Give the address or physical location of the event and directions to site, including lot number.

Menu (Food) to be Served (Be complete!): _____

List the source(s) of all foods that will be served at the event: _____

Will any of the food served be prepared one day and served the next? List all such foods:

CONTINUE ON BACK

Where is food stored prior to preparation? food stand ____ supply truck ____ other _____

Location of Food Preparation: on-site ____ supply truck/trailer ____ other location ____

If other, specify the food **source**: _____

All food served must come from an inspected and approved source. No home preparation.

Will any foods cooked one day be kept as leftovers, then reheated and served the next day? If yes, what foods? _____

Describe the procedure used to handle food prepared one day and served the next:

How will you dispose of waste water? ____ holding tanks, ____ public utility

Potable water source: ____ public utility, ____ private supply (well), ____ bottled water

Structure Type: ____ permanent building, ____ self-contained trailer, ____ booth, ____ tent

____ other (describe): _____

Food Handler Certification: Certified Employee _____

Please check which Certification the employee(s) hold(s).

- | | |
|-----------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> ServSafe® National Restaurant Association | Expiration Date: _____ |
| <input type="checkbox"/> Certified Professional Food Manager® Experior Assessments, LLC | Expiration Date: _____ |
| <input type="checkbox"/> Certified Food Safety Manager, Nat'l Registry of Food Safety Professionals | Expiration Date: _____ |

This certification will be required after January 1, 2005 for one employee.

Some exemptions are allowed. See Title 410 IAC 7-22-15(g) at:

<http://www.in.gov/isdh/files/FoodHandler-Final.pdf>

Permit Fee will be paid by: ____ vendor, ____ the event coordinator.

Signature: _____ Date: _____

The person who fills out this application needs to sign it.

Do Not Write Below This Line. For Official Use Only

Permit Number: _____	Receipt Number: _____
Payment Received: \$ _____	File Date: _____
Date Issued: _____	Date Expires: _____