



Monroe County Health Department

Monroe County, Indiana

Health Department Futures Family Planning Clinic Public Health Clinic

119 W. 7th Street
47404
(812) 349-2543

119 W. 7th st (lower level)
47404
(812) 349-7343

333 E. Miller Drive
(812) 353-3244

2019 TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

Applicant information

Date of Application: _____ Name of Applicant: _____

Establishment or Organization: _____

Address of Establishment or organization: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Event Information

Name of Event: _____

Date(s) of event: _____ # of days of operation (*may not exceed 14*): _____

Time(s) food will be served: _____

Address of Event: _____

City _____ Zip _____ Indoor _____ Outdoor _____ (check one)

Names of Certified Food Operator(s):

Name: _____ Cert. #: _____

Certificate expiration Date: _____ Title: _____

Monroe County Ordinance stipulates that it shall be unlawful for any person to operate a temporary food service establishment without a valid license from the health department. A temporary food service establishment is one that operates at a fixed location for a period of time not to exceed fourteen (14) consecutive days in conjunction with a single event such as a fair, carnival, circus, public exhibition or similar transitory gathering.

**Please note that fees paid for temporary events are non-refundable and non-transferable, the Monroe County Health Department is not responsible if the event is moved or cancelled.*

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 the operation, and the establishment will be operated and maintained in accordance with these conditions.

Signature of Applicant _____

Title _____

For use by MCHD

FEE FOR A TEMPORARY PERMIT IS \$50 PER EVENT

Prepared by: _____ **Date:** _____ **Receipt #** _____ **Amount:** _____

Food Staff approval: _____

Facility Information

1. Type of structure: Tent _____ Booth _____ Inside Building/Trailer _____
2. Power Source: Facility Outlet (plug) _____ Generator _____ none needed _____
3. Type of Handwashing: Sink _____ Thermos _____ or Urn _____ rented unit _____
Not needed (Please Explain) _____

Food Safety/Preparation

4. What menu items will you be serving?

5. Will food samples be provided? Yes _____ No _____
If yes, how will you ensure proper food handling during food sampling? _____

6. Where will food be purchased/stored?

7. Where is food prepared? (No food prep is allowed at event such as chopping, cutting and mixing)

8. Please list the food items that will be prepared at other locations and brought to the event.

9. Licensed Facility (Name, Address, County) where food is prepared (if off site)?

**Please provide a copy of the commissary agreement, or a copy of the facility license where food is being prepared if off site.*

10. How will potentially hazardous foods be maintained at 41° or below?

11. How will hot foods be maintained at 135° F or above?

12. How will food be protected from contamination?

PLEASE INCLUDE A DRAWING OF THE LAYOUT OF YOUR TEMPORARY RETAIL FOOD ESTABLISHMENT INCLUDE THE FOLLOWING:

Cooking Equipment _____ Cold and hot holding units _____ Food Prep area _____
Hand Washing Area _____ Ware Washing Area _____

A large grid for drawing the layout of a temporary retail food establishment. The grid consists of 20 columns and 20 rows of squares, providing a space for the applicant to draw the layout of their establishment, including the locations of cooking equipment, cold and hot holding units, food prep areas, hand washing areas, and ware washing areas.