

Howard County Health Department  
Division of Environmental Health  
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## 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 is 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/regsvcs/foodprot/foodhandler/certificationrule.htm>

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

I attest to the accuracy of the information provided herein.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below This Line. For Official Use Only**

Permit Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Payment Received: \$ \_\_\_\_\_

File Date: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_