

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

Phone 765-456-2403
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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).

- ServSafe® National Restaurant Association Expiration Date: _____
- Certified Professional Food Manager® Exporior Assessments, LLC Expiration Date: _____
- 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: _____