

2016 TEMPORARY FOOD PERMIT APPLICATION

PARKE COUNTY HEALTH DEPARTMENT
116 W HIGH STREET ROOM 12, ROCKVILLE IN 47872
PHONE 765-569-4071 or 765-569-6665
Email: sanitarian@parkecounty-in.gov

Please fill out form and sign in ink.

- 1) Permit will not be issued unless application is completed in its entirety and correct fee is received. Incomplete applications will not be returned. Partial payments received will not be considered as a complete application.
- 2) Only cash, cashier's check, money orders, or credit cards will be accepted.
- 3) For events other than Covered Bridge Festival, applications must be received 10 days prior to event. For Covered Bridge Festival, the DEADLINE is SEPTEMBER 30th. There will be a \$50.00 late fee from October 1 through October 5th. After October 5th, the late fee will increase to \$100.00.
- 4) A self addressed, stamped envelope MUST be included in order to mail your permit to you. You may also pick it up in our office prior to the event during regular business hours(8am-12pm&1pm-3pm Monday –Friday)

A. Name of Establishment and Event:

Name of Your Establishment: _____

Name of Event: _____

Date(s) of Event: _____

(Or as selected on page two)

Location of Event: _____

Name of Property Owner or Event Organizer: _____

(Include the location of your space. Example: "Red Barn, Craft Barn, Food Court, etc)

Attach copy of Menu or list prepackaged products you will be selling:

- No homemade or home-canned foods or foods that have been stored in a home are allowed to be used.
- All foods requiring preparation/processing, must be prepared/processed on-site unless they have been prepared in a licensed establishment and properly transported. If licensed establishment is not in Parke County, vendor will be required to show proof of license. Product may be detained and Permit to operate a Temporary Food Establishment will be suspended until proof of origin and/or license is determined.
 - Proof of license attached (please check if applicable)
 - All food preparation will be done on site (please check if applicable)

- All raw meat and/or cheese must bear a proper label showing USDA stamp or Indiana Board of Animal Health approved label. Any raw animal products not properly labeled may be detained and Permit to operate a Temporary Food Establishment will be suspended until proof of origin is determined.

B. Name & Address of Food Establishment Owner/Organization:

Owner(s) Name: _____

Home/Business Address, _____

City, State, & Zip Code: _____

Home Phone () _____ - _____ Cell Phone () _____

* E-mail Address: _____

C. Select the menu type (#1 or #2) and the events you will be attending to determine fees:

1. (Menu type 1)

Fees charged per event for temporary food establishments serving only pre-packaged non-potentially hazardous foods and/or with limited preparation of non-potentially hazardous foods, as defined by 410 IAC 7-24-66(c).

<input type="checkbox"/> Parke County Maple Fair	\$ 20.00
<input type="checkbox"/> Mansfield Mushroom Festival	\$ 10.00
<input type="checkbox"/> Bridgeton Mountain Man Rendezvous	\$ 10.00
<input type="checkbox"/> Rosedale Strawberry Festival	\$ 10.00
<input type="checkbox"/> Miami Indian Gathering	\$ 10.00
<input type="checkbox"/> Billie Creek Village Civil War Days	\$ 10.00
<input type="checkbox"/> Mansfield Dog Days of Summer	\$ 10.00
<input type="checkbox"/> Parke County Fair	\$ 50.00
<input type="checkbox"/> Mansfield Watermelon Festival	\$ 10.00
<input type="checkbox"/> Billie Creek Harvest Days	\$ 10.00
<input type="checkbox"/> Mansfield Cornbread Festival	\$ 10.00
<input type="checkbox"/> Covered Bridge Festival	\$ 70.00
<input type="checkbox"/> Bridgeton/Mansfield Christmas (3 weekends)	\$ 45.00
<input type="checkbox"/> Parke County Christmas (1 weekend)	\$ 10.00
<input type="checkbox"/> Other events \$5.00 per day: Dates _____ to _____	\$ _____
<input type="checkbox"/> Yearly Temporary Permit valid for all events	\$ 100.00
<input type="checkbox"/> Late Fee	\$ 50.00
<input type="checkbox"/> Late Fee (from October 6 on during CBF)	\$100.00
Total	_____

2. (Menu type 2 and above)

Fees charged per event for temporary food establishments serving potentially hazardous foods, as defined by 410 IAC 7-24-66(a,b).

<input type="checkbox"/> Parke County Maple Fair	\$ 28.00
<input type="checkbox"/> Mansfield Mushroom Festival	\$ 14.00
<input type="checkbox"/> Bridgeton Mountain Man Rendezvous	\$ 14.00
<input type="checkbox"/> Rosedale Strawberry Festival	\$ 14.00
<input type="checkbox"/> Miami Indian Gathering	\$ 14.00
<input type="checkbox"/> Billie Creek Civil War Days	\$ 14.00
<input type="checkbox"/> Mansfield Dog Days of Summer	\$ 14.00
<input type="checkbox"/> Parke County Fair	\$ 60.00
<input type="checkbox"/> Mansfield Watermelon Festival	\$ 14.00
<input type="checkbox"/> Billie Creek Harvest Days	\$ 14.00
<input type="checkbox"/> Mansfield Cornbread Festival	\$ 14.00
<input type="checkbox"/> Covered Bridge Festival	\$ 90.00
<input type="checkbox"/> Bridgeton/Mansfield Christmas (3 weekends)	\$ 63.00
<input type="checkbox"/> Parke County Christmas (1 weekend)	\$ 14.00
<input type="checkbox"/> Other events \$7.00 per day: Dates _____ to _____ =	\$ _____
<input type="checkbox"/> Yearly Temporary Permit valid for all events	\$150.00
<input type="checkbox"/> Late Fee	\$ 50.00
<input type="checkbox"/> Late Fee (from October 6 on during CBF)	\$100.00

Total

D. List your Certified Food Handler below:

Name: _____ Exp. Date: _____

State where obtained: (i.e. Indiana, Illinois): _____

Company listed on Certification:
Circle one listed below:

- a) Certified Professional Food Manager® (Prometric)
- b) Food Safety Manager Certification Examination (The National Registry of Food Safety Professionals®)
- c) ServSafe®

This information (Original Certificate) must also be available at the establishment. If the establishment is exempt from 410 IAC 7-22, then all requirements in 410 IAC 7-24 Section 118 must be met.

E. Please print Name, Address, City and Zip Code where you would like your application mailed to next year.

Name: _____

Address: _____

City, State & Zip Code _____

F. Signature

Application is hereby made for a permit to operate a Temporary 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 Parke County Food Protection Ordinance. It is further agreed that the establishment shall be open to inspection daily by the agents of the Parke County Health Department. This Temporary Food Permit is not transferrable. The permit is issued only to the establishment and location/event(s) named on the application. Fees are non refundable. Submitting this application does not guarantee permit will be issued.

The Parke County Health Department may suspend your Permit to operate a Temporary Food Establishment if it determines through inspection, or examination of employee, food, records, or other means as specified in the Parke County Food Protection Ordinance, that an Imminent Health Hazard exists.

Date of Application: _____ *Amount Enclosed:* _____

Signature of Owner/Manager: _____

Signature of Owner or Manager signifies that the above information is true and correct to the best of his/her knowledge.

For Health Department Use Only: received by: _____

Date of Application: _____ Amount Paid: _____ Receipt #: _____ Permit #: _____