

**Madison County Health Department**  
206 E 9<sup>th</sup> Street, Suite 200 □ Anderson, IN 46016 □ (765) 641-9523 □ (765) 646-9203 Fax  
**TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

THIS APPLICATION AND THE APPROPRIATE FEE MUST BE SUBMITTED TO THIS DEPARTMENT AT LEAST 24 HOURS or ONE BUSINESS DAY PRIOR TO THE INTENDED DATE OF OPERATION. EACH QUESTION MUST BE ANSWERED.

**APPLICANT INFORMATION:**

Date of Application: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_  
Establishment or Organization: \_\_\_\_\_ Owner: \_\_\_\_\_  
Establishment/Organization Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Establishment Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**EVENT INFORMATION:**

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
**EXACT Location of Event:** \_\_\_\_\_  
Total # of Days of Operation: \_\_\_\_\_ Time food preparation will begin: \_\_\_\_\_ Time food will be served: \_\_\_\_\_  
(This is the time the inspection will take place) ^

**FACILITY INFORMATION:**

**Type of Structure:**  Trailer  Tent  Booth  Inside Building  Other: \_\_\_\_\_  
**Type of Water Service:**  Tank  Hose from Approved Source  Other: \_\_\_\_\_  
**Do you have a Backflow Prevention Device?** \_\_\_ Yes \_\_\_ No \_\_\_ Not applicable  
**Type of Power Source:**  Will plug into direct source  Generator  LPG  Other: \_\_\_\_\_  
**Type of Hand washing:**  Sink  Thermos with spigot  Urn  Other: \_\_\_\_\_  
**Type of Dishwashing:**  3-Compartment Sink  Tubs/Buckets  Other: \_\_\_\_\_

Name of the Person-In-Charge at the event (for your establishment): \_\_\_\_\_  
Name of Certified Food Handler: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate Expiration: \_\_\_\_\_  
(In Accordance with 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless otherwise exempt.)

**FOOD PRODUCT INFORMATION:**

Please list ALL FOODS AND BEVERAGES to be prepared, sold, or served: \_\_\_\_\_  
\_\_\_\_\_  
Please list ALL MENU ITEMS that will be prepared at another location and brought to the event: \_\_\_\_\_  
\_\_\_\_\_  
List the location at which the above-listed foods will be prepared: \_\_\_\_\_

**FEES:** 1-14 Days . . . . \$75.00 \*in conjunction with one event\*  
6 Months or less . . . . \$125.00 \*in conjunction with more than one event\*  
**THIS IS A NON-REFUNDABLE FEE**

**By signing below I agree to ALL terms and conditions listed on this permit application**

Signature of Applicant(s) or Corporate Officer: \_\_\_\_\_  
Printed Name of Applicant(s): \_\_\_\_\_

**PERMIT WILL NOT BE ISSUED IF NOT PROPERLY SIGNED!**

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
Establishment #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Clerk: \_\_\_\_\_  
Date: \_\_\_\_\_