

Madison County Health Department

206 East 9th St - Anderson, IN 46016 - 765.641.9523 - madcohealth.org

Annual Mobile Unit Farmer's Market Catering Operation

Name of Establishment: _____
(this is how the name will appear on the permit and in our files)

Address of Establishment: _____
(physical location) (street) (city) (state) (zip)

*Email address for Permit Renewal Reminder: _____

Establishment Phone: _____ Fax: _____ Other Email: _____

Name of Owner/Contact Person: _____ Phone: _____

*Mailing Address for Permit: _____
(street) (city) (state) (zip)

THE FOLLOWING INFORMATION MUST BE COMPLETED OR PERMIT WILL NOT BE ISSUED

1. What is the name of the Person-in-Charge? _____
2. What is the name of the Certified Food Handler? _____
3. Establishment's days and hours of operation (be specific) _____
4. Type of water supply to Establishment (check one) _____ City _____ Private (well)
5. I understand if I cater from my facility/establishment that catering is limited to keeping foods warm/cold at the off-site event and simply portioning and putting out for service. I understand if I engage in preparation (cooking, baking, re-heating, mixing foods, etc.) at the off-site event, I am beyond the ability of "catering" and am not in compliance with state law / local ordinance and subject to penalties.

(Signature of owner/operator after reading)

PERMIT FEE SCHEDULE

(This is a non-refundable fee.)

LATE FEE OF [PERMIT FEE + 1/2 PRICE OF PERMIT FEE] WILL BE ASSESSED TO ANY APPLICATION SUBMITTED **OR** POSTMARKED AFTER JANUARY 1ST

Annual Permit Schedule of Fees**

Type of Menu (brief description)

- | | |
|---------------------------|--|
| ___ Menu Type 1: \$150.00 | (1) Pre-packaged / non-potentially hazardous foods |
| ___ Menu Type 2: \$225.00 | (2) Pre-packaged raw ingredients are cooked or prepared to order |
| ___ Menu Type 3: \$375.00 | (3) Extensive handling of raw ingredients |

****ESTABLISHMENTS OVER 15,000 SQUARE FEET IS SUBJECT TO AN ADDITIONAL \$200.00****

Mobile Unit Annual Fee: \$140.00 Farmer's Market Fee: \$70.00 Catering Operation Annual Fee: \$300.00

RETURN COMPLETED APPLICATION, FEE, AND SELF-ADDRESSED STAMPED ENVELOPE TO ADDRESS ABOVE.

Date Received _____
Date Processed _____
Payment Amount _____
Form of Payment _____
Receipt Number _____
Clerk _____

Establishment Number _____