



BARTHOLOMEW COUNTY HEALTH DEPARTMENT
440 THIRD STREET, SUITE 303
COLUMBUS, IN 47201-6798
PHONE: 812-379-1550 FAX: 812-379-1040

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION FOR LICENSE

Application and fee must be submitted to the department at least **48 hours** prior to the intended date of operation.

APPLICANT INFORMATION

Date of application: _____ Name of applicant: _____

Establishment or organization: _____

Establishment or organization address: _____

City: _____ State: _____ Zip: _____

Establishment phone number: _____ Home phone: _____

Email _____

EVENT INFORMATION

Name of event: _____ Date of event: _____

Address of event: _____ Number of days of operation _____

Time food will be served from _____ to _____

FACILITY INFORMATION (circle answers)

Type of structure:	Trailer	Tent	Inside Building
Type of power source:	Will plug into source	Generator	None needed
Type of hand washing:	Sink	Thermos with spigot	Urn
Type of dish washing:	Three compartment sink	Tubs/buckets	Other _____
Water supply source:	Wastewater disposal site: _____		

FOOD PRODUCT INFORMATION (this area must be completed)

List of all food and beverages to be prepared and served: _____

List of items that will be prepared at other locations and brought to the event: _____

List of location at which above listed foods will be prepared: _____

FEE SCHEDULE

TEMPORARY EVENT

For each day of operation \$10
 not to exceed 14 consecutive days \$140

FARMER'S MARKET

Annual \$50

The undersigned applies for a license to operate a temporary food service establishment pursuant to retail food establishment sanitation requirements in 410 IAC 7-24. The undersigned certifies receipt of the conditions of operation, and that the establishment will be operated and maintained in accordance with these conditions.

Applicant's Signature _____ Date _____