

WABASH COUNTY HEALTH DEPARTMENT

89 WEST HILL STREET

WABASH, INDIANA 46992

Phone: (260) 563-0661 Ext. 1249 or 1283; Fax: (260) 563-6082

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

WABASH COUNTY ORDINANCE 2007-85-1 STIPULATES THAT IT SHALL BE UNLAWFUL FOR ANY PERSON TO OPERATE A FOOD SERVICE ESTABLISHMENT, MOBILE FOOD SERVICE, TEMPORARY FOOD SERVICE OR FOOD MARKET IN WABASH COUNTY WHO DOES NOT POSSESS A VALID PERMIT FROM THE HEALTH OFFICE, OR ITS AUTHORIZED REPRESENTATIVE. (ISDH RULE 410 IAC 7-24)

ALL FORMS MUST BE COMPLETE AND ACCURATE, WITH SIGNATURE, AND RETURNED WITH THE APPROPRIATE EVENT FEE(S). IF THE APPLICATION IS NOT RECEIVED **SEVEN (7) DAYS PRIOR** TO THE EVENT, A LATE FEE OF \$50.00 SHALL BE ASSESSED. *NOTE: SUBMITTING THIS APPLICATION DOES NOT GUARANTEE A PERMIT WILL BE ISSUED.*

PLEASE TYPE OR PRINT CLEARLY AND RETURN ALL COPIES

TODAY'S DATE: ____ / ____ / ____ EVENT NAME: _____

NAME USED ON CONCESSION STAND: _____

NAME OF OWNER: _____ PHONE: (____) _____

CELL: (____) _____ E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ON-SITE MANAGER'S NAME: _____

TELEPHONE NUMBER FOR EMERGENCIES: (____) _____ CELL: (____) _____

NAME OF CERTIFIED EMPLOYEE: _____

CERTIFICATION NUMBER: _____ CERTIFICATION DATE: ____ / ____ / ____

IF ANY PART/WHOLE FOOD ITEM(S) IS PREPARED OTHER THAN ON-SITE, LIST THE LICENSED FACILITY AND ADDRESS.

FACILITY NAME: _____ PHONE: (____) _____

ADDRESS: _____

LOCATION OF EVENT: _____

DATE(S) OF EVENT, SET-UP DATE AND TIME:

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ SET-UP: ____ / ____ / ____ TIME: _____

DAYS AND HOURS OF OPERATION DURING EVENT: *Be specific! If times change, please notify Health Department.*

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|------------|--------|--------|---------|-----------|----------|--------|----------|
| START TIME | | | | | | | |
| STOP TIME | | | | | | | |

LIST ALL FOODS AND BEVERAGES TO BE PREPARED, SOLD AND / OR SERVED:

AS PART OF THE TEMPORARY PERMIT, THE FOLLOWING IS A BRIEF CHECKLIST OF SOME OF THE EQUIPMENT AND REQUIREMENTS NEEDED TO OPERATE A TEMPORARY FOOD UNIT IN WABASH COUNTY. PLEASE CHECK ALL THAT APPLY TO YOUR MOBILE, TENT, BOOTH OR INSIDE BUILDING.

EQUIPMENT CHECKLIST:

1. () A three bay sink with hot and cold running water shall be provided for each mobile, or three tub's for wash, rinse, and sanitize.
2. () A hand-washing sink with at least warm running water, soap and individual paper towels, or a thermos with a spigot that provides free running water with a 5 gallon discard bucket is required.
3. () A wastewater tank utilized to hold wastewater until it is properly disposed of.
4. () Any hose used to supply water to the unit must be of food grade quality and a backflow device provided if applicable.
5. () To check concentration of sanitizing solutions for wiping cloths and final rinse, a chemical test kit shall be provided.
6. () A stem-type thermometer shall be provided to check the temperature of hot and cold food items.
7. () A thermometer shall be provided in each cold storage unit.

PERSONNEL:

1. Wear clean clothing and effective hair restraint.
2. Persons who are currently ill from diarrhea, vomiting, fever, sore throat or who have infected lesions shall be prohibited from food handling operations.
3. Wash hands thoroughly each time you enter the concession, and thereafter as needed.
4. Absolutely **NO SMOKING** by any employee in the concession trailer.
5. **NO BARE HAND CONTACT ON READY TO EAT FOODS (410 IAC 7-24 SEC. 171).**

NOTE:

**FEES FOR A TEMPORARY PERMIT: \$15.00 per day (for the designated event)
\$50.00 Late Fee**

**PLEASE MAKE CHECKS PAYABLE AND MAIL TO: Wabash County Health Department
Attention: Food Division
89 West Hill Street, Wabash IN 46992**

Permit and permit fees are neither refundable nor transferable.

Certification Certificate (if applicable) must be available, and Permit must be posted in a conspicuous place at time of inspection.

APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT. IT IS AGREED THAT THE ESTABLISHMENT WILL COMPLY WITH THE PROVISIONS OF THE INDIANA STATE DEPARTMENT OF HEALTH RULE **410 IAC 7-24**, WABASH COUNTY FOOD OPERATION ORDINANCE NUMBER **2007-85-1**, OR ANY SUBSEQUENT REGULATIONS.

SIGNATURE: _____ **TITLE:** _____
(Person who fills out the application must sign it)

PRINT NAME: _____ **DATE:** ____ / ____ / ____

FOR OFFICIAL USE ONLY. DO NOT WRITE IN BOX.

| | | | | | |
|---------------------------------|--------------------|----------------------------------|------------------|--------------------|--|
| DATE ISSUED: ____ / ____ / ____ | | DATE EXPIRES: ____ / ____ / ____ | | APPROVED BY: _____ | |
| PAYMENT RCVD: \$ _____ | LATE FEE: \$ _____ | CHECK #: _____ | RECEIPT #: _____ | PERMIT #: _____ | |