WABASH COUNTY HEALTH DEPARTMENT

89 WEST HILL STREET, WABASH, INDIANA 46992 Phone: (260) 563-0661 Ext. 1249; Fax: (260) 563-6082

APPLICATION FOR ANNUAL, SEASONAL, VALUE ADDED FOOD OR 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 OFFICER OR ITS AUTHORIZED REPRESENTATIVE. (ISDH RULE 410 IAC 7-24)

ALL FORMS MUST BE COMPLETE AND ACCURATE, WITH SIGNATURE, AND RETURNED WITH THE APPROPRIATE 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.

YOUR PERMIT AN	D FEE AF	RE:				
ANNUAL: \$100.0) PER YEA	<u>R</u>				
- IF YOU KNOW - EVENT REM	OF ANY EVE INDER FORM	ENTS YOU PLAN I. ADDITIONAL	REMINDER FOR	S YEAR, PLEASE COMI MS ARE AVAILABLE O! IL: <u>rmofield@wabashcou</u>	N OUR WEBSITE A	CHED ANNUAL PERMIT T
SEASONAL: \$100).00 PER YF	EAR				
VALUE ADDED F			<u>aR</u>			
TEMPORARY: \$	15.00 PER D	OAY (For the De	esignated Event):	Number of Days:	Amount	Due:
- Event Name	:		Locatio	n:		
- From:	_//_	To:	//	Date Set-up:	//	Time:
AS PART OF THE <u>TEMPOR</u> REQUIREMENTS NEEDED YOUR MOBILE, TENT, BO	TO OPERAT	E A TEMPORA	RY FOOD UNIT			
EQUIPMENT CHECKLI 1. () A three bay sink with h 2. () A hand-washing sink w provides free running v 3. () A wastewater tank utili 4. () Any hose used to suppl 5. () To check concentration 6. () A stem-type thermome 7. () A thermometer shall be	ot and cold runder with at least was water with a 5 given zed to hold was y water to the a of sanitizing ster shall be prosected to the sanitizing ster shall be prosected.	rm running wate gallon discard bu astewater until it unit must be of f solutions for wip ovided to check t	er, soap and individ acket is required. is properly dispose food grade quality a bing cloths and fina the temperature of l	ual paper towels, or a the d of. and a backflow device pr l rinse, a chemical test ki	ermos with a spigot	that
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).

PLEASE NOTE THE FOLLOWING:

- FAX NUMBER OR EMAIL IS REQUIRED
- ANY FEES AND/OR PERMITS ARE <u>NOT</u> REFUNDABLE NOR TRANSFERABLE
- PLEASE MAKE CHECK OR MONEY ORDER PAYABLE AND MAIL TO: WABASH COUNTY HEALTH DEPARTMENT

ATTN: FOOD DIVISION 89 WEST HILL STREET WABASH, INDIANA 46992

	OD SERVI							
STREET ADD	PRESS:					·		
CITY:				STATE:	ZIP	CODE:		
WATER SUPI	PLY:	Public	Private		SEWAGE:	Public	Priva	
TYPE OF BUS		ORPORATION	FRANCHISE	INDIVIDUAL	LLC OTHE	ER:		
NAME OF OV	WNER:				PHONE:			
CELL:		E-MAI	L ADDRESS: _					
STREET ADD	RESS:							
CITY:				STATE:	ZIP	CODE:		
NAME OF CE	ERTIFIED E S EXEMPT BY M	MPLOYEE:						
(EXPIRATION DATE:/				
CERTIFICAT	ION NUME	SER:		E2	ti na ilion bi	· · · · · · · · · · · · · · · · · · ·		
		SER: Pared (in part o						
IF ANY FOOD IT	EMS ARE PRE		R IN WHOLE) OTH	ER THAN ON SITE,	LIST THE LICENS	SED FACILITY A	ND ADDRESS:	
IF ANY FOOD IT FACILITY NA ADDRESS: _	EMS ARE PRE	PARED (IN PART O	R IN WHOLE) OTH	ER THAN ON SITE, CITY:	LIST THE LICENS	SED FACILITY A	ND ADDRESS: ZIP:	
IF ANY FOOD IT FACILITY NA ADDRESS: _ ANNUAL ANA	EMS ARE PRE AME: D TEMPOR	PARED (IN PART O	R IN WHOLE) OTH st ALL foods and TIMES: Be spec	ER THAN ON SITE, _ CITY: d beverages to be cific! If times ch	e prepared, sold	FACILITY AND TATE: and/or served.	ND ADDRESS: ZIP:	
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FACILITY NA ADDRESS: _ ANNUAL ANA LIST DAILY OPENING MO START TIME STOP TIME APPLICATION IS H WABASH COUNTY HEALTH RULE 410	OPENING A SUNDAY EREBY MADE TIS AGREENING A TI	PARED (IN PART OF PARED (IN PART OF PARED) (IN PART OF PARED) (IN PART OF PARED) (IN PART OF PARED) (IN PARED)	TIMES: Be spectors of the CLOSING TUESDAY ASONAL, VALUE ADDITIONAL COMPANY WILL CO	CITY: d beverages to be cific! If times chapter with the provent and fee schedule.	E prepared, sold ange, please not THURSDAY DRARY PERMIT TO DISIONS OF THE INDI LE ORDINANCE NO.	TATE: and/or served. tify the Health YEAF FRIDAY OPERATE A FOOD IANA STATE DEPA O4-2004.	Department. R: SATURDAY ESTABLISHMENT OF	