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.

Establishment phone number:	APPLICANT INFORMATION			
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 structure: Will plug into source Generator None needed Type of hand washing: Sink Thermos with spigot Urn Other 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 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	Date of application:	Name of applicant:		
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operation, and that the establishment will be operated and maintained in accordance with these conditions.				
Applicant's Signature Date	Applicant's Signature	Date		