

WAYNE COUNTY HEALTH DEPARTMENT  
100 South 5<sup>th</sup> STREET  
RICHMOND, INDIANA 47374  
(765) 973-9245

Temporary Food Service Permit is \$15.00 per day. All fees are non-refundable. Please fill-out form completely.

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

NAME OF TEMPORARY FOOD SERVICE UNIT: \_\_\_\_\_

NAME OF OWNER OR OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE OPERATOR/OWNER: \_\_\_\_\_ **\*\*Must provide contact with valid working phone number\*\***

NAME & LOCATION OF EVENT: \_\_\_\_\_

DATE(S) OF OPERATION: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*REQUESTED TIME FOR INSPECTION AFTER SET-UP \_\_\_\_\_ \*\* This must be filled- out so we have staffing for your inspection\*\***

**\*\*EVENT COORDINATOR NAME & NUMBER (IF KNOWN) \_\_\_\_\_**

GARBAGE/REFUSE DISPOSAL: CITY  FESTIVAL  OWN

LIQUID WASTE DISPOSAL: CITY  FESTIVAL  OWN

**FOOD ITEMS SERVED:** \_\_\_\_\_  
\_\_\_\_\_

Are any food items prepared in part or in whole outside of the food unit: YES  NO , If yes, where? \_\_\_\_\_

Are any food items prepared at previous festivals prior to your arrival in Wayne County? Yes

**CERTIFIED FOOD HANDLER: NAME:** \_\_\_\_\_ **CLASS ID** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**EQUIPMENT CHECKLIST**

Below is a brief checklist of some of the equipment and requirements needed to operate a temporary food unit in Wayne County.

- 1. Three bay sink with hot and cold running water provided to each bay.
- 2. Hand washing sink with at least warm running water, soap and individual paper towels.
- 3. A wastewater tank to hold wastewater until properly disposed of (**discharge of wastewater in or on the ground is prohibited**)
- 4. Any hose used to supply water to the unit must be of food grade quality.
- 5. To check sanitizer concentration of wiping clothes and sanitizer at three bay sink, a chemical test kit shall be provided.
- 6. A stem-type thermometer to check the internal temperature on hot/cold items.
- 7. Ambient thermometers in each cold storage unit to check internal temperature of the unit.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Office use only:** Accept Date: \_\_\_\_\_ Check Number \_\_\_\_\_  
Receipt Number: \_\_\_\_\_ Received by: \_\_\_\_\_