

CLAY COUNTY HEALTH DEPARTMENT

18 N. WALNUT STREET

BRAZIL, IN 47834

PHONE (812) 448-9021

MOBILE UNIT TEMPORARY FOOD SERVICE REGISTRATION FORM

Establishment/Business/Organization Name: _____

Name of Owner/Operator: _____

Home Address: _____

Phone: _____

Type of Facility : Mobile Unit

Event(s): _____

Location: _____

Dates: _____ Work: _____

MENU: (Including all beverages and extra ingredients served with each item)

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

- **FEES: \$50.00 PER MOBILE UNIT (FOR CALENDAR YEAR)**
- **\$25.00 LATE FEE (PER MOBILE UNIT) WILL BE REQUIRED IF PERMIT IS NOT OBTAINED 7 DAYS PRIOR TO THE FESTIVAL.**
- **MONEY ORDERS OR CASH ACCEPTED. NO CHECKS WILL BE ACCEPTED. NO REFUNDS ONCE PERMIT HAS BEEN ISSUED.**

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-20, (Retail Food Establishment Sanitation Requirements).

(Print Name)

(Signature)

SERV SAFE CERTIFICATION # _____
(ATTACH COPY)

EXPIRATION DATE: _____

Clay County Health Department

18 N Walnut St.

Phone: (812) 448-9021

Brazil, IN 47834

Application for Farmer's Market

To Operate an Indoor or Outdoor Farmer's Market in Clay County, a permit is required.

Indoor Farmer's Market: _____

Outdoor Farmer's Market: _____

Indoor Farmer's Market (January 1 through December 31) _____ \$25.00

Outdoor Farmer's Market (May 1 through Oct 31) _____ \$10.00

Farmer's Market Name: _____

Physical Location of Farmer's Market: _____

Street

City

State

Zip

Name of Person or group in charge: _____

Email Address of person or group in charge: _____

Phone # of person in charge: _____ Emergency Phone #: _____

Farmer's Market Hours of Operation:

Sun: ___ - ___ Mon: ___ - ___ Tues: ___ - ___ Wed: ___ - ___ Thurs: ___ - ___ Fri: ___ - ___ Sat: ___ - ___

Application is hereby made for a license to operate a Farmer's Market. By this application, it is agreed that the Farmer's Market will comply with the Clay County Ordinance 2022-5 and any future amendments. It is further agreed that the Farmer's Market shall be open to inspection daily by agents of the Clay County Health Department.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Please pay with check or money order to Clay County Health Department.