

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: \_\_\_\_\_