

Clinton County Health Department

1234 Rossville Ave, Ste. B, Frankfort, IN 46041



Phone: 765-659-6385 Fax: 765-659-6387

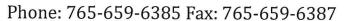
Temporary Food Permit Application
Festival Name(s):
Date of Event(s):
Time of Event(s):
Establishment Name:
Establishment Address:
Owner Name:
Owner Address:
Contact Phone Number:
Email Address:
Menu:
Is there a certified food handler? (Please write name and attach a copy of the certificate):



SINGLE EVENT

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Application is hereby made for a permit to operate a temporary food establishment. By this application, it is agreed that the establishment will comply with the provision of the Indiana State Board of Health rule 410IAC7-24 and the Clinton County Health Department food service requirements. It is further agreed that the establishment will be open to inspection by the Clinton County Health Department.

- VENDORS WHO HAVE MORE THAN ONE (1) BOOTH AT AN EVENT (NOT CONNECTED SIDE-BY-SIDE) MUST OBTAIN A PERMIT FOR EACH BOOTH
- THE PERMIT IS TO BE POSTED IN A CONSPICUOUS PLACE IN YOUR ESTABLISHMENT DURING THE EVENT

APPLICATION FEE SCHEDULE*:

One (1) to Three (3) Consecutive Days: \$25.00 Each Additional Day: \$10.00 (up to 3 additional days) Number of additional days: _____ Seven (7) to Ten (10) Consecutive Days: \$75.00 SEASONAL/MULTI-EVENT Thirty (30) Consecutive Days: \$100.00 Six (6) Months (May 1st through October 31st): \$150.00 **FARMER'S MARKET** Non-Potentially Hazardous Foods: \$60.00 Whole, Uncut Produce: No Fee (Registration only) *NON-PROFIT ENTITIES ARE EXEMPT FROM PERMIT FEES. REGISTRATION IS REQUIRED. TAX 501(c)3 ID MUST BE PRESENTED AT THE TIME OF REGISTRATION. OFFICE USE ONLY Fee Paid: _____ 501(c)3 ID # (if applicable): _____ Date Permit Issued: _____ Issued By: _____