

2017 TEMPORARY FOOD PERMIT APPLICATION
PARKE COUNTY HEALTH DEPARTMENT
116 W HIGH STREET ROOM 12, ROCKVILLE IN 47872
PHONE 765-569-4071 or 765-569-6665

Email: sanitarian@parkecounty-in.gov or parkehealth@parkecounty-in.gov

Please fill out form and sign in ink.

- 1) Permits will not be issued unless application is completed in its entirety and the correct fee is received. Incomplete applications will not be returned. Partial payments received will not be considered as a complete application. Please also include a self-addressed, stamped envelope.
- 2) Acceptable payment types are cash, cashier's check, money order, Discover, Visa, or Mastercard. When paying by credit or debit cards, you must either pay in person or sign a "Credit/Debit Authorization" BEFORE permit will be issued. There is either a 3% convenience fee or a \$1 minimum (if transaction is under \$33.00) for all debit and credit card transactions.
- 3) For events other than Covered Bridge Festival, applications must be received 10 days prior to event. For Covered Bridge Festival, applications received/postmarked after September 30th will have a \$50.00 late fee. For the Covered Bridge Festival, applications received/postmarked after 5 days prior to the start date of the Covered Bridge Festival will have a \$100.00 late fee.
- 4) A self addressed, stamped envelope MUST be included in order to mail your permit to you. You may also pick it up at the health department prior to the event during regular business hours (8:00 a.m. – 12:00 p.m. & 1:00 p.m. – 3:00 p.m. Monday - Friday).

A. Event Information:

Name of Event: _____

Date(s) of Event: _____

(Or Event Selected on Page 2)

Town of Event: _____

Name of Property Owner, Location of Stand: _____

Attach copy of Menu or list prepackaged products you will be selling:

B. Name & Address of Establishment or Vendor Owner/Organization:

Stand or Vendor Owner(s) Information **REQUIRED** Today's Date: _____

Name of Establishment: _____

Owner's Name: _____

Address, City, State & Zip Code: _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

E-mail Address _____

(email will be used for future reminders for the Covered Bridge Festival)

C. Select the menu type (#1 or #2) and the events you will be attending to determine fees:

1. (Menu type 1)

Fees charged per event for temporary food establishments **servicing only pre-packaged, non-potentially hazardous foods** and/or with limited preparation of non-potentially hazardous foods, as defined by 410 IAC 7-24-66(c).

- Parke County Maple Fair \$ 20.00
- Parke County Fair \$ 50.00
- Covered Bridge Festival \$ 70.00
- Other* events \$5.00 per day: Dates ____ to ____ \$ _____
- Yearly Temporary Permit valid for all events \$ 100.00
- Late Fee \$ **50.00**
- Late Fee (for Covered Bridge Festival 5 days prior) **\$100.00**

Total \$ _____

Examples: Baked goods, popcorn, roasted nuts, jerky, ice cream, bottled or canned beverages, slushes, candies, honeys, syrups, jams, etc.

2. (Menu type 2 and above)

Fees charged per event for temporary food establishments **servicing potentially hazardous foods**, as defined by 410 IAC 7-24-66(a, b).

- Parke County Maple Fair \$ 28.00
- Parke County Fair \$ 60.00
- Covered Bridge Festival \$ 90.00
- Other* events \$7.00 per day: Dates ____ to ____ = \$ _____
- Yearly Temporary Permit valid for all events \$150.00
- Late Fee \$ **50.00**
- Late fee (for Covered Bridge Festival 5 days prior) **\$100.00**

Total \$ _____

Examples: Meats and fish (whether or not prepackaged), creamed cheese or sour cream, items with mayonnaise, pizza, gravies, soups, cooked noodles, deep-fried batters, etc.

***items that are precooked or prepackaged become potentially hazardous when held for a period of time at a required temperature.**

Refrigerated items must be held at 41° F or lower

Hot items must be held at 135° F or higher

- *No homemade or home-canned foods or foods that have been stored in a home are allowed to be used.*
- *All foods requiring preparation/processing, must be prepared/processed on-site unless they have been prepared in a licensed establishment and properly transported. If licensed establishment is not in Parke County, vendor will be required to show proof of license. Product may be detained and Permit to operate a Temporary Food Establishment will be suspended until proof of origin and/or license is determined.*

Proof of license attached (please check if applicable)

All food preparation will be done on site (please check if applicable)

*All raw meat and/or cheese **must** bear a proper label showing USDA stamp or Indiana Board of Animal Health approved label. Any raw animal products not properly labeled may be detained and Permit to operate a Temporary Food Establishment will be suspended until proof of origin is determined.*

D. List your Certified Food Manager below:

(Required if you have a Type 2 Establishment)

Name: _____ Exp. Date: _____

Certificate Number (or attach copy): _____

State where obtained: (i.e. Indiana, Illinois): _____

Company listed on Certification: _____

Circle one listed below:

- a) Certified Professional Food Manager® (Prometric)
- b) Food Safety Manager Certification Examination (The National Registry of Food Safety Professionals®)
- c) ServSafe®

This information (Original Certificate) must also be available at the establishment. If the establishment is exempt from 410 IAC 7-22, then all requirements in 410 IAC 7-24 Section 118 must be met.

E. Signature

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 provisions of the Indiana State Department of Health Rule 410-IAC 7-24, 410 IAC 7-22, and the Parke County Food Protection Ordinance. It is further agreed that the establishment shall be open to inspection daily by agents of the Parke County Health Department. This Temporary Food Permit is not transferrable. The permit is issued only to the establishment and location/event(s) named on the application.

Fees are non refundable. Submitting this application does not guarantee permit will be issued.

The Parke County Health Department may suspend your Permit to operate a Temporary Food Establishment if it is determined through inspection, or examination of employee, food, records, or other means as specified in the Parke County Food Protection Ordinance, that an Imminent Health Hazard exists.

Date of Application: _____ Amount Enclosed: _____

Signature of Owner/Manager: _____

Signature of Owner or Manager signifies that the above information is true and correct to the best of his/her knowledge.

For Health Department Use Only: received by: _____

Date of Application: _____ Amount Paid: _____ Receipt #: _____ Permit #: _____

**Credit/Debit Card Payment Authorization Form
(Only needed if paying with a credit card)**

Please complete and sign this form to authorize the Parke County Health Department to make a debit to your credit/debit card listed below. By signing this form you give us permission to debit your account for any fees due.

Please complete the information below:

I, _____ authorize the Parke County Health Department to charge my credit card account for the amount due for licenses, permits, or vital record searches and productions on or after _____.

Signature _____

Signature Date _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name _____ Phone# _____

Billing Address _____ City, State, Zip _____

Email _____

****Disclaimer: The Parke County Health Dept will not retain credit/debit card information, upon authorization of applicable fees, everything below the dotted line will be destroyed.**

Office Use Only:

Authorization Number: _____ Initials: _____ Date of transaction: _____

Account Type (circle): Visa MasterCard Discover

Account Number _____ Expiration Date _____

3 Digit Security Code _____