



Johnson County Health Department

460 N Morton St Suite A

Franklin, IN 46131

Phone 317-346-4365 Fax 317-736-5264

Date Paid _____

Receipt # _____

Staff Initials _____

LP # _____

Seasonal Temporary Food Service Establishment Application for License

All permits are valid from April 1 to November 30 of the current year, used for the **scheduled events** listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (No personal checks will be accepted) **Please make available a copy of your Retail Merchant's Certificate. You will not be issued a permit without this. Fee is \$100.00.**

Applicant Information

Date of Application _____ State Retail Merchant ID # _____ (Attach copy)

Name of Applicant _____

Establishment or organization _____

Establishment or organization address _____

City, State and Zip _____ Phone _____

Mobile Phone _____ Email _____

Name of Certified Food Manager (provide copy of certificate) _____

Event Information

Name of Scheduled Events _____

Dates of Events _____

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source _____

Wastewater Disposal Site _____

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served. (Attach menu please.)

List of items that will be prepared at other locations and brought to the events (items must be transported safely)

Location where those items will be prepared and brought to the events

Applicant Signature _____ Date _____