



**Montgomery County Health Department**  
110 W. South Blvd., Crawfordsville, IN 47933  
Phone: (765) 364-6440 Fax: (765) 361-3239



## Temporary Food Permit Application

The following information must be filled out COMPLETELY and payment must be received in our office before the permit will be issued. By this application, it is agreed that the establishment will comply with the provisions the Indiana State Department of Health title **410 IAC 7-24**. It is further agreed that said establishment shall be open to inspection by the Montgomery County Health Department under Montgomery County Ordinance 2003-1.

### APPLICANT INFORMATION

Establishment's Name: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Location/Address of Event: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Person-in-Charge at the event (for your establishment): \_\_\_\_\_  
Name of Certified Food Handler: \_\_\_\_\_ (Please include copy of certificate)

In accordance with 410 IAC 7-22, each food establishment must employ a certified food handler unless otherwise exempt. If you handle pre-packaged food or low-risk food ONLY, you may be exempt. Refer to the rule to see if you qualify for an exemption.

### FACILITY INFORMATION:

Type of Structure: ☐ Trailer ☐ Tent ☐ Booth ☐ Inside Building Other: \_\_\_\_\_  
Source of Water: ☐ Bottled ☐ Public ☐ Private (if Private, have results been sent to our office?) \_\_\_\_\_  
Are You Using a food grade hose? ☐ Yes ☐ No  
Waste Water Disposal: ☐ Public ☐ Private (Septic) ☐ Holding Tank  
Do you have a Backflow Prevention Device? ☐ Yes ☐ No ☐ N/A  
Type of Dishwashing: ☐ 3-Comp. Sink ☐ Tubs/Buckets ☐ Other  
Type of Handwashing: ☐ Sink ☐ Thermos w/spigot ☐ Other  
Hand Washing Station must have warm water, soap and paper towels.

### FOOD PRODUCT INFORMATION:

Please list ALL FOODS AND BEVERAGES to be served: \_\_\_\_\_  
Please list ALL MENU ITEMS that will be prepared at another location and brought to the event: \_\_\_\_\_  
List the location at which the above-listed foods will be prepared: \_\_\_\_\_

**Note:** all food, including ice, must come from an approved, licensed source and cannot be prepared or stored at home. All preparation must be done in a licensed kitchen or on site.

### FEES:

1-3 Days: \$20.00 Total Number of Days: \_\_\_\_\_  
Each Additional Day: \$5.00 Total Fees Due: \_\_\_\_\_  
(Days must be consecutive)

Printed Name of Applicant: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_