

STARKE COUNTY HEALTH DEPARTMENT

108 N Pearl St
Knox, IN 46534
Ph. (574) 772-9131

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT TO OPERATE A FOOD ESTABLISHMENT AS DEFINED IN: TITLE 410 I.A.C. 7-26

FORM MUST BE FILLED OUT COMPLETELY

The undersigned hereby makes application to operate a
TEMPORARY FOOD ESTABLISHMENT from date of:

_____, 20__ TO _____, 20__

Event Location: _____

Unit Name: _____

Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Employed Certified Food Manager as mandated by 410 I.A.C 7-22

Name of employee: _____

Certification by (these are the only accredited options in Indiana):

____ ServSafe _____ Other ANSI Certification: _____

Certification Number: _____ Exp Date: _____

PROVIDE A COPY OF CERTIFICATION WITH THIS APPLICATION

MENU: _____

PLEASE NOTE: AS OF 1-1-2005 INDIANA REQUIRES, PER 410 IAC 7-22, ALL FOOD ESTABLISHMENTS (UNLESS EXEMPT BY MENU OFFERING) TO HAVE A CERTIFIED FOOD HANDLER ON STAFF. YOU MUST ATTACH A COPY OF THE VALID CERTIFICATION FOR THE DESIGNATED CERTIFIED FOOD EMPLOYEE OF YOUR FACILITY. A PERMIT WILL NOT BE ISSUED WITHOUT PROOF OF THIS CERTIFICATION! 30 DAYS PRIOR TO EVENT (410 IAC 7-26-477) *SUBMIT THIS COMPLETED APPLICATION ALONG WITH CASHIER'S CHECK or MONEY ORDER FOR PERMIT FEE TO THE STARKE COUNTY HEALTH DEPARTMENT at the above address.*

NO PERSONAL CHECKS WILL BE ACCEPTED!

\$35.00 for 1-3 DAY EVENT or \$50.00 for 4-14 DAY EVENT

I agree to abide by all provisions set forth in 410 I.A.C. 7-26 and am aware this temporary food establishment is subject to inspection by the STARKE COUNTY HEALTH DEPARTMENT.

SIGNED: _____
(Written) (Printed)

DATE: _____ TITLE: _____