



Public Health
Prevent. Promote. Protect.
Clark County Health Department

REGISTRATION APPLICATION FOR A TEMPORARY RETAIL FOOD ESTABLISHMENT

www.clarkhealth.net

Return completed form to:

Clark County Health Department
1201 Wall Street
Jeffersonville, IN 47130
812-282-7521

Permit Number: _____

CCSC 34-2017 Retail Food Establishments, Bed and Breakfasts, Mobile Retail Food Establishments, Temporary Retail Food Establishments, And Farmer's Markets
10-1-1 No person or owner or person in possession shall operate any retail food establishment, bed & breakfast, mobile retail food establishment, temporary retail food establishment or farmers' market, or any other retail food establishment, as defined by 410 IAC 7-26-105, unless the establishment is regulated by a superior governing body, as provided by IC 29-36-1-3-8:
(1) Without obtaining, possessing and displaying a current, and valid permit from the Board of Health, except as provided by CCSC 10-2-2(A); or,
(2) In such a manner as to make available, food for human consumption which is unwholesome, adulterated, or misbranded, as provided by IC 16-42-1 thru IC 16-42-4; or,
(3) Which is in violation of 410 IAC 7-26 or 410 IAC 7-15.5 or any subsequent amendments and/or changes to such rules, codes, and/or regulations which may be promulgated hereafter.

ESTABLISHMENT INFORMATION

Establishment or Organization

Establishment or Organization Address (*Number and Street*)

City

State

ZIP Code

County

E-mail

Telephone Number

Fax Number

ESTABLISHMENT OWNER INFORMATION

Establishment Owner's Name

Mailing Address (*number and street*)

City

State

ZIP Code

County

E-mail

Telephone Number

Fax Number

EVENT INFORMATION

Event Name and Sponsoring Organization

Address of Event Location

Date(s) of Event (*month, day, year*)

Hour (s) of Event

Person in Charge and Telephone Number

Menu Items:

Where is the Food Prepared?

Certified Food Manager

Name and Certificate Number

Original Signature of applicant

Date (*month, day, year*)

Printed name of applicant

A Permit is valid for a maximum of fourteen (14) consecutive days as established in Clark County Sanitary Code 34-2017
Checks Payable to Clark County Health Department

1 Day \$ 20.00

2 to 14 days \$ 40.00

Tax Exempt No Charge

Print your Tax Exempt Number: _____

OFFICE USE ONLY

Date: _____

Receipt Number: _____