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| **REGISTRATION APPLICATION FOR A TEMPORARY RETAIL FOOD ESTABLISHMENT**  [www.clarkhealth.net](http://www.clarkhealth.net) | *Return completed form to:*  Clark County Health Department 1201 Wall Street Jeffersonville, IN 47130  812-282-7521 |
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CCSC 34-2017 Retail Food Establishments, Bed and Breakfasts, Mobile Retail Food Establishments, Temporary Retail Food Establishments, And Farmer’s Markets

* + 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 7-24-79, 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 7-24 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.

Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ESTABLISHMENT INFORMATION** | | | | |
| Establishment or Organization | | | | |
| Establishment or Organization Address (*Number and Street*) | | | | |
| City | State | ZIP Code | | County |
| E-mail | Telephone Number | | Fax Number | |

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| **ESTABLISHMENT OWNER INFORMATION** | | | | |
| Establishment Owner’s Name | | | | |
| Mailing Address *(number and street)* | | | | |
| City | State | ZIP Code | | County |
| E-mail | Telephone Number | | Fax Number | |

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| **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 | | | |



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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |