



Johnson County Health Department

86 W Court Street
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid _____
Receipt # _____
Staff Initials _____

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event 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)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application _____ 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 Event _____ Date of Event _____

Number of days of operation and times that food will be served _____

Address of Event _____

Event Coordinator Name and Phone Number _____

Facility Information (circle 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 _____

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

Location where those items will be prepared and brought to the event _____

Applicant Signature _____ **Date** _____