

**WAYNE COUNTY HEALTH DEPARTMENT  
201 EAST MAIN STREET  
RICHMOND, INDIANA 47374  
(765) 973-9245**

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

NAME OF TEMPORARY FOOD SERVICE UNIT: \_\_\_\_\_

NAME OF OWNER OR OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE/OWNER: \_\_\_\_\_ TELEPHONE/OPERATOR \_\_\_\_\_

NAME AND LOCATION OF EVENT: \_\_\_\_\_

DATE OF OPERATION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SET UP TIME: \_\_\_\_\_

GARBAGE/REFUSE DISPOSAL: CITY: \_\_\_\_\_ FESTIVAL: \_\_\_\_\_ OWN: \_\_\_\_\_

LIQUID WASTE DISPOSAL: CITY: \_\_\_\_\_ FESTIVAL: \_\_\_\_\_ OWN: \_\_\_\_\_

**Food items served:** \_\_\_\_\_

Are any food items prepared in part or in whole outside of the food unit? Yes ( ) No ( ) If yes, where? \_\_\_\_\_

Are any food items prepared at previous festivals prior to your arrival in Wayne County? Yes ( ) No ( )

**CERTIFIED FOOD HANDLER:**

**name:** \_\_\_\_\_ **class ID # :** \_\_\_\_\_ **expiration date:** \_\_\_\_\_

**EQUIPMENT CHECKLIST**

Below is a brief checklist of some of the equipment and requirements needed to operate a temporary food unit in Wayne County.

- ( ) 1. Three bay sink with hot and cold running water provided to each bay.
- ( ) 2. Handwashing sink with at least warm running water, soap and individual paper towels.
- ( ) 3. A wastewater tank utilized to hold wastewater until it is properly disposed.  
(The discharge of wastewater on the ground or down a storm sewer is strictly forbidden)
- ( ) 4. Any hose used to supply water to the unit must be of food grade quality.
- ( ) 5. To check sanitizer concentration of wiping cloths and sanitizer at three bay sink, a chemical test kit shall be provided.
- ( ) 6. To check the temperature of hot and cold food items, a stem-type thermometer shall be provided.
- ( ) 7. To check the internal temperature of cold storage units, each unit must be provided with a thermometer.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

ACCEPTED DATE: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_