

DeKalb County Health Department

220 East 7th Street-Suite 110

Auburn, IN 46706

Phone: 260-925-2220

Fax: 260-925-2090

MOBILE/TEMPORARY FOOD PERMIT APPLICATION FORM

APPLICATION AND APPROPRIATE FEES MUST BE SUBMITTED TO THIS DEPARTMENT BEFORE BEGINNING OPERATION AT THE EVENT.

Applicant Information

Name of Food Establishment _____

Name of Owner _____ Phone _____

Business Address _____
(Street) (City) (State) (Zip)

Event/Facility Information

Name of Event _____ Dates of Event _____

Location of Event _____

Total Days of Operation _____ Number of Food Stands _____

Time food preparation will begin: _____ Time food will be served: _____

Type of Food Stand (circle one): Trailer Tent Booth Inside building Other: _____

Type of potable water source (circle one): Tank Hose from approved source Other: _____

Do you have a (circle one): Commissary Stock Truck Other: _____

Commissary Address: _____

Do you have: A handwashing sink/station ____yes ____no

Three (3) compartment sink/ware washing set-up ____yes ____no

Backflow prevention device ____yes ____no

Cold holding that maintains 41°F or below ____yes ____no

Hot holding that maintains 135°F or above ____yes ____no

Name of Certified Food Manager _____ Position _____

Certificate Expiration _____ Name of Person in Charge at Event _____

What foods will be prepared, sold or served? : _____

What foods will be prepared at a commissary? : _____

Permit Fee: Temporary Food Permit: \$5.00 per day per Stand to a maximum of \$25 per event per stand. _____

Mobile Food Permit: \$50 _____

The signature below signifies that the applicant agrees to abide by all provisions set forth in 410 IAC 7-24 Retail Food Establishment Sanitation Requirements and DeKalb County Ordinance No. 87-3. This includes consent to the entrance, inspection I/We also agree to notify the DeKalb County Health Department of any change of ownership, remodeling/addition of equipment or any changes in the menu that require changes to the establishment. I/We understand that the permit is issued to the person(s) making application and IS NOT TRANSFERABLE.

By signing below I certify that the above information is correct.

Applicant Signature: _____ Printed Name: _____ Date: _____

(For Office Use Only)

Fee Paid _____ Permit Number _____ Date Issued _____