2011
TEMPORARY
FOOD SERVICE ESTABLISHMENT
LICENSE APPLICATION

MONROE COUNTY HEALTH DEPARTMENT
119 WEST SEVENTH STREET
BLOOMINGTON, IN 47404-3989
812-349-2542

Date of Application_____**Phone Number**_____

Name or Organization_____

Name of Responsible Party_____

Mailing Address_____

Name and Location of Event_____

Monroe County Ordinance stipulates that it shall be unlawful for any person to operate a temporary food service establishment without a valid license from the health department. A temporary food service establishment is one that operates at a fixed location for a period of time not to exceed fourteen (14) consecutive days in conjunction with a single event such as a fair, carnival, circus, public exhibition or similar transitory gathering.

PLEASE NOTE: *This license is* ***not required*** *for Non- profit organizations who are tax exempt under section 501 of the IRS code such as religious, civic, fraternal, veteran or charitable organizations that operate a food operation for less than 15 calendar days in conjunction with an "event" or "celebration" held for the benefit of the organization.*

The fee for a temporary license is $25.00 per day, but not to exceed $100.00 as established in the Monroe County Ordinance 310-4.

The following questions and the reverse side of this application must be answered:

1.) Where is the food being prepared? _____

2.) Is the food served to :
a.) members of the organization only?_____
b.) members and invited guests only? _____
c.) general public? _____

Date(s) of operation:_____Hours of operation_____

Number of days x $25 a day = Total fee

_____ x _____ = _____ (Not to exceed $100)

Signature of Applicant_____

Title_____

For use by MCHD

Prepared by:_____

Date:_____

Receipt #_____

Check #_____

Amount_____

I. PROPOSED MENU OR FOOD ITEMS TO BE SOLD (Include drinks)

II. WHERE WILL FOOD BE PURCHASED AND STORED?

III. DESCRIBE HOW FOODS WILL BE KEPT HOT/COLD

IV. DESCRIBE HOW FOOD WILL BE PROTECTED FROM CONTAMINATION

V. DESCRIBE YOUR HANDWASHING FACILITIES

VI. Name of Certified Operator(s), Certification Numbers and Date Certified