



# Parke County Health Department

**Public Health**  
Prevent. Promote. Protect.

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## ***2021 Temporary Food Permit Application***

*(Please Print Clearly)*

**YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. PERMITS WILL NOT BE ISSUED IF FULL PAYMENT HAS NOT BEEN RECEIVED.** We accept Cash, Cashier's Checks, Money Orders, Discover, Visa, or MasterCard (credit/debit card processing fees apply). If paying via card, please complete page 4 of this application; turn in with the completed application. **IF SENT VIA MAIL, A PRE-STAMPED AND ADDRESSED ENVELOPE MUST BE SENT WITH THE APPLICATION.** If an envelope is not included with application, the permit will available at the Health Department during regular business hours.

### **\*\*LATE FEES\*\***

Applications for events other than Covered Bridge Festival **MUST** be received 10 days prior to event, or the applicant will be charged a \$50.00 late fee. Applications for the Covered Bridge Festival must be postmarked/received before September 30<sup>th</sup> or be subjected to the late fee. All Covered Bridge Festival applications postmarked/received after October 3rd, 5 days prior to the festival, will be subjected to a higher fee of \$100.00.

## **A. Event Information**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Name of Property: \_\_\_\_\_

Attach Menu or list products: \_\_\_\_\_

## **B. Vendor Information**

Establishment Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Email will be used for future reminders for the Covered Bridge Festival)

## C. Menu Type/ Event

### *Menu Type 1*

Fees charged per event for temporary food establishments serving only pre-packaged, non-potentially hazardous foods and/or with limited preparation of non-potentially hazardous foods, as defined by 410 IAC 7-24-66©.

- |   |           |
|---|-----------|
| <input type="checkbox"/> Parke County Maple Fair                            | \$ 20.00  |
| <input type="checkbox"/> Parke County Fair                                  | \$ 50.00  |
| <input type="checkbox"/> Covered Bridge Festival                            | \$ 70.00  |
| <input type="checkbox"/> Other Events \$5.00/day: _____ to _____            | \$ _____  |
| <input type="checkbox"/> Yearly Temporary Permit (Valid for all events)     | \$ 100.00 |
| <input type="checkbox"/> Late Fee   | \$ 50.00  |
| <input type="checkbox"/> Late Fee (5 days prior to Covered Bridge Festival) | \$ 100.00 |

Total \$ \_\_\_\_\_

Examples of Menu Type 1 include but are not limited to: spices, baked goods, popcorn, roasted nuts, jerky, ice cream, non-perishable beverages (bottled or canned), slushes, honeys syrups, jams, etc.

### *Menu Type 2*

Fees charged per event for temporary food establishments serving potentially hazardous foods, as defined by 410 IAC 7-24-66 (a, b).

- |   |           |
|---|-----------|
| <input type="checkbox"/> Parke County Maple Fair                            | \$ 28.00  |
| <input type="checkbox"/> Parke County Fair                                  | \$ 60.00  |
| <input type="checkbox"/> Covered Bridge Festival                            | \$ 90.00  |
| <input type="checkbox"/> Other Events \$7.00/day: _____ to _____            | \$ _____  |
| <input type="checkbox"/> Yearly Temporary Permit (Valid for all events)     | \$ 150.00 |
| <input type="checkbox"/> Late Fee   | \$ 50.00  |
| <input type="checkbox"/> Late Fee (5 days prior to Covered Bridge Festival) | \$ 100.00 |

Total \$ \_\_\_\_\_

Examples of Menu Type 2 include but are not limited to: meats, fish, creamed cheese, sour cream, mayonnaise, pizza, gravies, soups, cooked noodles, deep-fried batters, relishes, etc.

**\*\*Please note that all precooked or prepackaged foods that require being held at temperature (41°F or lower for refrigerated items and 135°F or higher for hot items) are considered potentially hazardous\*\***

*All food preparation will be done on site (Please mark if applicable)*

**\*\*\*No homemade or home-canned foods may be sold. No foods are allowed to be stored at a home kitchen. All foods requiring preparation must be prepared on site or in a certified kitchen or licensed establishment and be properly transported to event. If the kitchen/establishment is not licensed through the Parke County Health Department, the vendor will be required to show proof of license. Product may be detained and the Temporary Food Permit will be suspended until proof of license is shown\*\*\***

**\*\*\*All raw meat and cheese *must* bear a proper label showing an USDA stamp or Indiana Board of Animal Health approved label. Any raw animal products not properly labeled may be detained and the Temporary Food Permit will be suspended until proof of origin is determined. \*\*\***

## D. Certified Food Manager Certificate

**\*\*Required for Menu Type 2\*\***

Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certified Number (or attach copy): \_\_\_\_\_

State Obtained: \_\_\_\_\_

Certifying Company  
(Circle one)

- a) Certified Professional Food Manager® (Prometric)
- b) Food Safety Manager Certification Examination (The National Registry of Food Safety Professionals®)
- c) ServSafe®

**The Original Certificate must also be available at the establishment. If the establishment is exempt from 410 IAC 7-22, then all requirements in 410 IAC 7-42 Section 118 must be met.**

## E. Signature

Application is hereby made for a permit to operate a Temporary Food Establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410-IAC 7-24, 410 IAC 7-22, and the Parke County Food Protection Ordinance. It is further agreed that the establishment shall be open to inspection daily by agents of the Parke County Health Department. This Temporary Food Permit is not transferrable. The permit is issued only to the establishment and location/event(s) named on the application. **Fees are non-refundable.** Submitting this application does not guarantee permit will be issued.

**The Parke County Health Department may suspend your permit to operate a Temporary Food Establishment if it is determined through inspection, or examination of employee, food, records, or other means as specified in the Parke County Food Protection Ordinance, that an Imminent Health Hazard exists.**

Date of Application: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Signature of Owner/Manager: \_\_\_\_\_

**Signature of Owner or manager signifies that the above information is true and correct to the best of his/her knowledge.**

### For Health Department Use Only

Received by: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Permit#: \_\_\_\_\_

## Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a 3% Convenience Fee, minimum \$1.00.

Please complete fully

I, \_\_\_\_\_ authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after \_\_\_\_\_.

Signature

\_\_\_\_\_

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the aforementioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Office Use Only: \_\_\_\_\_

Authorization # \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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### Please Fill Out Card Information

Account Type (Circle One):      Visa              MasterCard              Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (3 Digit): \_\_\_\_\_