## BROWN COUNTY HEALTH DEPARTMENT TEMPORARY EVENT FOOD LICENSE APPLICATION

NAME OF THE BUSINESS:		MENT SERVING FOOD AT THE E	VENT	
OWNER OF BUSINESS:				
ADDRESS of BUSINESS:				
CONTACT PHONE:	CELL PHONE:			
NAME OF EVENT:	LOCATION OF EVENT:			
START DATE:/END DA	TE// When will y	ou be set up to serve at the eve	ent:	
NAME OF PERSON IN CHARGE COMMISSARY LOCATION	AT EVENT:CIT	Υ	STATE	ZIP
	stry Food Safety Profession	UIRED ON STAFF: (: nals, Prometric, Above Traini		ining,
		peled commercially prepared		
	l food, drinks)		grocery, caterer,su	
Hand washing facilities	must be provided at all	food man areas (water	must be 100%	ar hattan
Hand-washing facilities I  1.) How will food be cooked at every		Tood prep areas (water		or notter)
<ul><li>2.) How will food be kept hot? (Ab</li><li>3.) How will food be kept cold? (Bi</li><li>4.) How will food be transported?</li><li>HOW WILL FOOD BE PROTI</li></ul>	ove 135°F) elow 41°F)	5.) How lon	g in transit?	D DISPLAY?
\$10.00 <u>You must submit</u> E With the check or money orde PHONE: (812) 988-2 We now accept of	D per day after the 5th application and payme By Mail- Send to the Attention made out to: Brown Cour 255 E-mail: bcenvironme cash, credit and debit L your Application ar	Fee: \$50.00 minimum day, 14 day maximum ent at least 7 days in a ion of: Jennifer Heller E.H.S. hty Health Department, P.O. ental@browncounty-in.us Fat cards (3% fee) and and call in your credit cas-2255	m limit dvance of eve Box 281 Nashvil FAX: (812) 988-5 approved chec	lle, IN 47448 1 <b>601</b> c <b>ks</b>
☐ APPROVED by EHS * If application is denied, Temporary Foo		DENIED by EHS prough the Brown County Auditor'	DATEs office within appro	 oximately 30-45 days