

# BROWN COUNTY HEALTH DEPARTMENT TEMPORARY EVENT FOOD LICENSE APPLICATION

**BUSINESS NAME:** \_\_\_\_\_

NAME OF THE ESTABLISHMENT SERVING FOOD AT THE EVENT

**OWNER OF BUSINESS:** \_\_\_\_\_

**PHYSICAL ADDRESS of BUSINESS:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_ **LOCATION OF EVENT:** \_\_\_\_\_

**START DATE:** \_\_\_/\_\_\_/\_\_\_ **END DATE** \_\_\_/\_\_\_/\_\_\_ What time will you be set up to serve at the event: \_\_\_\_\_

**NAME OF PERSON IN CHARGE AT EVENT:** \_\_\_\_\_

**COMMISSARY LOCATION** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CERTIFIED FOOD MANAGER REQUIRED ON STAFF:** (ServSafe, 360 Training, Nat'l Registry  
Food Safety Professionals, Prometric, Above Training accepted)

**NAME:** \_\_\_\_\_

**CERTIFICATE NUMBER:** \_\_\_\_\_ **exp** \_\_\_\_\_

## ALL FOOD IS TO BE PREPARED IN THE MOBILE UNIT or COMMISSARY!

Unless the food is pre-packaged labeled commercially prepared product

MENU (List all food, drinks)	SOURCE OF FOOD (Name, location of grocery, caterer, supplier, restaurant)

**Hand-washing facilities must be provided at all food prep areas (water must be warm)**

- 1.) How will food be cooked at event? \_\_\_\_\_
- 2.) How will food be kept hot? (Above 135°F) \_\_\_\_\_
- 3.) How will food be kept cold? (Below 41°F) \_\_\_\_\_
- 4.) How will food be transported? \_\_\_\_\_
- 5.) How long in transit? \_\_\_\_\_

**HOW WILL FOOD BE PROTECTED FROM CONTAMINATION DURING STORAGE, SERVING AND DISPLAY?**

**Temporary Food License Fee: \$75.00 minimum—**  
**\$10.00 per day after the 5th day, 14 day maximum limit**  
You must submit application and payment at least 7 days in advance of event:  
 By Mail- Send mail to the Attention of: Jennifer Heller E.H.S.  
 with the check or money order made out to: Brown County Health Department, P.O. Box 281 Nashville, IN 47448  
**PHONE: (812) 988-2255 E-mail: [bcenvironmental@browncounty-in.us](mailto:bcenvironmental@browncounty-in.us) FAX: (812) 988-5603**  
**We now accept cash, credit and debit cards (3% fee) and approved checks**  
**YOU CAN EMAIL your Application and then call in your credit card information to**  
**812-988-2255**

APPROVED by EHS \_\_\_\_\_ DATE \_\_\_\_\_  DENIED by EHS \_\_\_\_\_ DATE \_\_\_\_\_

\* If application is denied, Temporary Food License Fee will be returned through the Brown County Auditor's office within approximately 30-45 days