WAYNE COUNTY HEALTH DEPARTMENT
100 South 5ᵗʰ STREET
RICHMOND, INDIANA 47374
(765) 973-9245

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT
Complete the Temporary Food Service Permit application and return to the Wayne County Health Department 7 days prior to the event. Permit Fee $15.00 per day non-refundable.

NAME OF TEMPORARY FOOD SERVICE UNIT:

NAME OF OWNER OR OPERATOR:

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

TELEPHONE OPERATOR/OWNER:_____   EMAIL:_____

NAME & LOCATION OF EVENT:_____SOLAR ECLIPSE & MORE 2024_____

DATE(S) OF OPERATION: *FROM:* _____APRIL 5, 2024- -   *TO*:_____APRIL 9, 2024-   -_____

TIME OF SET UP –FOR INSPECTION_____****

**EVENT COORDINATOR NAME & NUMBER (IF KNOWN)_____SOLAR ECLIPSE MORE, INC._____

GARBAGE/REFUSE DISPOSAL: CITY ☑ FESTIVAL ☐ OWN ☐
LIQUID WASTE DISPOSAL: CITY ☐ FESTIVAL ☑ OWN ☐

FOOD ITEMS SERVED:_____
_____

Are any food items prepared in part or in whole outside of the food unit: YES ☐ NO ☐, If yes, where?_____
Are any food items prepared at previous festivals prior to your arrival in Wayne County? Yes ☐

CERTIFIED FOOD MANAGER NAME: _____ Certifying Agency:_____ Expiration Date:_____

EQUIPMENT CHECKLIST

Below is a brief checklist of some of the equipment and requirements needed to operate a temporary food unit in Wayne County.

☐ 1. Three bay sink with hot and cold running water provided to each bay.
☐ 2. Hand washing sink with at least warm running water, soap and individual paper towels.
☐ 3. A wastewater tank to hold wastewater until properly disposed of (**discharge of wastewater in or on the ground is prohibited**)
☐ 4. Any hose used to supply water to the unit must be of food grade quality.
☐ 5. To check sanitizer concentration of wiping clothes and sanitizer at three bay sink, a chemical test kit shall be provided.
☐ 6. A stem-type thermometer to check the internal temperature on hot/cold items.
☐ 7. Ambient thermometers in each cold storage unit to check internal temperature of the unit.

Signature:_____ Date:_____/_____/_____

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For Office use only: Accept Date:_____Check Number_____

Receipt Number:_____   Received by:_____

NO REFUNDS