



Morgan County Health Department
180 S. Main St., Ste 252
Martinsville, IN 46151
765-342-6621

Office Use
Permit #: _____
Date: _____
Fee Paid: \$ _____
Staff Initials: _____

Application for Temporary Food Establishment Permit

Name of Establishment: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

Certified Food Protection Manager: _____

Expiration Date: _____

*****Provide a copy of the Food Protection Manager's Certificate**

Names of Events, Dates and Times of Operation: _____

Vendors are responsible for notifying the Health Department of all events you will attend that are not noted above.

Facility Information:

Type of structure: Trailer ____ Tent ____ Cart ____ Inside Building ____

Type of power source: Plug into source ____ Generator ____ None needed ____

Type of Handwashing: Sink ____ Thermos with spigot ____ Other ____

Type of Dishwashing: 3-compartment sink ____ Tubs/Buckets ____ Other ____

Clean water source: Public ____ Private ____ (If private, include yearly water test results)

Wastewater Disposal Site: _____

List all food and beverages that will be prepared and/or served: _____

Is there a secondary storage or food prep area in use during temporary events? If so, where?

Location where food & supplies will be prepared and stored outside of the temporary food establishment:

Permits are nonrefundable and nontransferable. Only one temporary permit per unit is allowed per year. All temporary permits are valid for 15 days or less per calendar year.

Applicant Signature: _____ Date: _____