Clay County Health Department

18 N Walnut Street

Brazil, In 47834

Phone: (812)448-9021

Mobile Food Service Registration Form

Establishment/Business/Organization Name: _____

Name of Owner Operator: _____

Home Address: _____

Phone: _____

Event(s): _____

Location: _____

Dates: _____

Menu: (Including all beverages and extra ingredients served with each Item)

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____
7) _____
8) _____
9) _____
10) _____

- **FEES: $50.00 PER STAND**
- **$25.00 LATE FEE (PER STAND) WILL BE REQUIRED IF PERMIT IS NOT OBTAINED 7 DAYS PRIOR TO THE EVENT.**
- **MONEY ORDERS OR CASH ACCEPTED. NO CHECKS WILL BE ACCEPTED. NO REFUNDS ONCE PERMIT HAS BEEN ISSUED.**

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-24, (Retail Food Establishment Sanitation Requirements).

Name: _____

Signature: _____

Serv Safe Certification #: _____ Expiration Date: _____