

CLAY COUNTY HEALTH DEPARTMENT

18 N. WALNUT STREET

BRAZIL, IN 47834

PHONE (812) 448-9021

**STAND/TENT TEMPORARY FOOD SERVICE REGISTRATION FORM**

Establishment/Business/Organization Name: \_\_\_\_\_

Name of Owner/Operator: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Facility : STAND/TENT \_\_\_\_\$40.00 CALENDAR YR OR \_\_\_\_\$5.00 PER DAY/\_\_\_\_# of days

Event(s): \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

MENU: (Including all beverages and extra ingredients served with each item)

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_

- **FEES: \$40.00 PER STAND (FOR CALENDAR YEAR) OR \$5.00 PER DAY**
- **\$25.00 LATE FEE (PER STAND) WILL BE REQUIRED IF PERMIT IS NOT OBTAINED 7 DAYS PRIOR TO THE FESTIVAL.**
- **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).

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

SERV SAFE CERTIFICATION # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

(ATTACH COPY)

FORM UPDATED 7/1/2022

Clay County Health Department

18 N Walnut Street

Brazil, In 4834

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) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 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: \_\_\_\_\_

# Clay County Health Department

18 N Walnut St.

Phone: (812) 448-9021

Brazil, IN 47834

## Application for Farmer's Market

To Operate an Indoor or Outdoor Farmer's Market in Clay County, a permit is required.

Indoor Farmer's Market: \_\_\_\_\_

Outdoor Farmer's Market: \_\_\_\_\_

Indoor Farmer's Market (January 1 through December 31) \_\_\_\_\_ \$25.00

Outdoor Farmer's Market (May 1 through Oct 31) \_\_\_\_\_ \$10.00

Farmer's Market Name: \_\_\_\_\_

Physical Location of Farmer's Market: \_\_\_\_\_

Street

City

State

Zip

Name of Person or group in charge: \_\_\_\_\_

Email Address of person or group in charge: \_\_\_\_\_

Phone # of person in charge: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

### Farmer's Market Hours of Operation:

Sun: \_\_\_ - \_\_\_ Mon: \_\_\_ - \_\_\_ Tues: \_\_\_ - \_\_\_ Wed: \_\_\_ - \_\_\_ Thurs: \_\_\_ - \_\_\_ Fri: \_\_\_ - \_\_\_ Sat: \_\_\_ - \_\_\_

Application is hereby made for a license to operate a Farmer's Market. By this application, it is agreed that the Farmer's Market will comply with the Clay County Ordinance 2022-5 and any future amendments. It is further agreed that the Farmer's Market shall be open to inspection daily by agents of the Clay County Health Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please pay with check or money order to Clay County Health Department.**