

Clay County Health Department

CLAY COUNTY HEALTH DEPT.
18 N WALNUT STREET
BRAZIL, IN 47834

Phone (812) 448-9021
Fax (812) 448-9018

Temporary Food Service Registration Form

Establishment/Business/Organization Name: _____

Name of Owner/Operator: _____

Home Address: _____ (_____) (_____) (_____)
Street City State Zip

Phone: (_____) _____ - _____

Type of Facility (check one): Mobile Unit _____ Stand/Building _____ Other _____

Event: _____

Location: _____

Dates: _____ Working Hours: _____

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

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

FEES: \$30.00 Per Stand \$20.00 Late Fee NO REFUNDS.
MONEY ORDERS OR CASH ACCEPTED. NO PERSONAL CHECKS.

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-20, (Retail Food Establishment Sanitation Requirements).

(Print Name)

(Signature)