

CLAY COUNTY HEALTH DEPARTMENT

18 N. WALNUT STREET

BRAZIL, IN 47834

PHONE (812) 448-9021

TEMPORARY FOOD SERVICE REGISTRATION FORM

Establishment/Business/Organization Name: _____

Name of Owner/Operator: _____

Home Address: _____

Phone: _____

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

Event(s): _____

Location: _____

Dates: _____ Work: _____

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

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

- **FEES: \$30.00 PER STAND**
- **\$20.00 LATE FEE (PER STAND) WILL BE REQUIRED IF PERMIT IS NOT OBTAINED 2 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 7-20, (Retail Food Establishment Sanitation Requirements).

(Print Name)

(Signature)

SERV SAFE CERTIFICATION # _____ EXPIRATION DATE: _____

(attach copy)