Dearborn County Health Department

165 Mary Street Lawrenceburg, IN 47025 812 537 - 8826 (OFC) 812 537 – 3450 (FAX)

Monday through Friday 8:30 to 4:30

APPLICATION FOR TEMPORARY FOOD BOOTH

FOR PROFIT OR NON – PROFIT (circle one)

Name Displayed on Booth: _____

Name of Owner/Operator/Organization: _____

Mailing Address: _____

City, State & Zip Code: _____

E-Mail Address: _____

Contact Person at Booth: _____

Contact Persons Phone #: _____ (home / cell)

_____

Water Supply: ☐Supplied by Festival ☐Self-contained tank

Equipment used to keep potentially hazardous food below 41°F:

_____

Name of Certified Food Handler*: _____ Cert. Exp. Date: ____ /____ /____

- 'Certified Food Handler' All for-profit booths <u>must</u> have proof of a CFH in accordance with Indiana Title 410 IAC 7-22.

Menu (List of items served or sold): _____

_____

_____

_____

_____

_____

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