

Fayette County Health Department

401 Central Ave.
Connersville, Indiana
(765) 825-4013

APPLICATION FOR CATERING FOOD PERMIT

NAME OF CATERING FOOD SERVICE UNIT: _____

NAME OF OWNER OR OPERATOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE/OWNER: _____ TELEPHONE/OPERATOR: _____

NAME AND LOCATION OF EVENT: _____

DATE OF OPERATION: FROM: _____ TO: _____

Facility Information

Type of Structure: Trailer ___ Tent ___ Booth ___ Inside Building ___ Other _____
Type of Water Service Tank ___ Hose from approved Source ___ Other _____
Type of Handwashing: Sink ___ Thermos w/spigot ___ Urn ___ Other _____
Type of Dishwashing: 3-Comp. Sink ___ Tubs/Buckets ___ Other _____

FOODS TO BE SERVED:

Meat Products

Sausage Gravy () Pork Chops () Tenderloins () Pork Kebobs () BBQ Ribs () Gyros () Hamburgers () Tacos () Fish ()
Hoagies () Burritos () Hot/Corn Dogs () Italian/Polish Sausage () Chicken Tenders () Other () Please List Other Items Below:

Drinks

Soda Fountain () Soda Cans () Coffee () Tea () Shake-Ups () Other () Please List Other Items Below:

Breads

Pretzels () Elephant Ears/Funnel Cakes () Nachos () Donuts () Other () Please List Other Items Below:

Vegetables

French Fries () Veggie Pita () Corn on the Cob () Fried Vegetables () Onion Rings () Other () Please List Other Items Below:

Dairy

Ice Cream () Cheese Sticks () Nacho Cheese () Other () Please List Other Items Below:

Candies

Caramel Corn () Caramel Apples () Cotton Candy () Taffy () Other () Please List Other Items Below:

Miscellaneous

Fried Rice () Sno-Cones () Pizza () Popcorn () Other () Please List Other Items Below:

NAME OF CERTIFIED FOOD HANDLER _____ DATE OF CERT. _____
(Must send a Copy of Certified food handler with application)

Fayette County Health Department
401 Central Ave. Phone (765) 825-4013
Connersville, IN 47331-1901 Fax (765) 825-7189

The Fayette County Health Department permits for a Catering permit is Fifty dollars (\$50.00). Pre-registration is required. If mailing, please pay by check. Checks must be made out to the Fayette County Health Department.

“Catering” Means the preparation of food in an approved retail food establishment and may include transportation of such foods for service and consumption at some other site.

THIS IS A NON-REFUNDABLE FEE

Enclosed fee: \$_____ All permits fees are payable to:

Fayette County Health Department
401 Central Ave.
Connersville, IN 47331

I hereby apply for a Catering food permit and agree to comply with all provisions of Indiana State Health Department regulation 410 IAC 7-24.

I have received the information packet and understand this information that is required.

Applicant's Signature: _____