



**Floyd County Health Department**  
1917 Bono Road, New Albany IN 47150  
T: 812-948-4726, option 2, option 1 E: [environmental@floydcounty.in.gov](mailto:environmental@floydcounty.in.gov)  
W: <https://www.in.gov/counties/floyd/health-department/>

**To:** All Food Booth Vendors  
**From:** Floyd County Health Department  
**Date:** March 2024  
**Subject:** Harvest Homecoming Food Booth Rules and Regulations

**HARVEST HOMECOMING PERMIT: ACCEPTED JUNE 3<sup>rd</sup>- October 3<sup>rd</sup>, 2024**

If the application and fee are submitted after October 3<sup>rd</sup> a late fee of 50% of the permit fee will be charged. Applications can be submitted in person or via mail. If you are mailing your application, and want a cardstock permit mailed back to you be sure to **include a self-addressed, stamped envelope**. Otherwise, the permit will be emailed and must be printed and on display at the event.

**ALL BUSINESSES INCLUDING NON-FOR PROFITS MUST GET A PERMIT IF THEY ARE PREPARING OR SELLING ANY FOOD ITEM.** Please note, if a booth is selling pre-packaged, non-potentially hazardous food items, a permit **will not** be required (i.e. bagged chips, candy, bottled soft drinks). Call FCHD if you have questions.

**ALL BOOTHS HANDLING RAW MEATS MUST HAVE AT LEAST 1 CERTIFIED FOOD MANAGER.**

**The certified food handler certificate must be submitted with the application. The original certificate must also be present in the booth during inspection.**

**THE FACILITY WHERE THE FOOD IS PREPARED IS SUBJECT TO INSPECTION.** Food must be prepared in a licensed and inspected kitchen or on site. If the food is prepared in a facility not in Floyd County you must provide FCHD with a copy of the Facility's Permit, last inspection report, and a completed commissary agreement.

**\* This may not apply to some non-for-profit organizations\*.**

**\*\*NON-FOR-PROFIT ORGANIZATIONS MUST PROVIDE THEIR TAX EXEMPT ID NUMBER ON THE APPLICATION OR THEY WILL BE CHARGED A PERMIT FEE.**

**BE AWARE OF FOOD SECURITY.** Secure all foods away from the public so that no foreign substances may be placed into the food without your knowledge, including condiments.

**PLEASE REVIEW INCLUDED DOCUMENTS:** requirements for temporary food establishments, application, a Demonstration of Knowledge document and a commissary agreement.

❖ **July 2024 a new Food Code will go into effect. After its release, FCHD will provide guidance on any changes. One known change will be labeling requirements of common allergens.**

If you have any questions please contact Thomas Snider at 812-948-4726 ext. 678 or John Klem at ext. 681.  
Sincerely,

Thomas Snider  
Chief Food Specialist, FCHD



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## Application for Harvest Homecoming Temporary Food Service (PRINT CLEARLY)

Application Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Emails: \_\_\_\_\_

Is Business a Non-for Profit Organization (Check one) \_\_\_\_\_ YES \_\_\_\_\_ No

Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Certified Food Handler (Name/Number) \_\_\_\_\_

**(Must include copy of certificate at time of application or permit will not be processed)**

Certified Food Manager Phone: \_\_\_\_\_

Dates(s) of Event (required) (Booth days 10/10-10/14): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Type of Structure: \_\_\_\_\_ Trailer \_\_\_\_\_ Tent \_\_\_\_\_ Booth \_\_\_\_\_ Bldg \_\_\_\_\_ Other

Location of Stand (booth # required): \_\_\_\_\_

Will Additional Storage Trailers be used for Food Storage/Single Service Items: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list location (note: additional storage will also need to be inspected) \_\_\_\_\_

Food/Beverages to be sold: \_\_\_\_\_

Location where food is prepared or dishes washed: \_\_\_\_\_

Where is food/beverages stored prior to the event: \_\_\_\_\_

(food cannot be prepared or stored at a personal residence)

**Fees for Harvest Homecoming Temporary Food Service Permits are non-refundable. Fees for the permit are \$20.00 per day; \$100.00 maximum- for a maximum of 14 consecutive days**

Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.

Name of Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_

**CHECKLIST SHEET (Please make sure you have completed all steps before submitting application)**

- Completed Application
- Certified Food Handler Certificate (If Applicable)
- Permit and Last Inspection Report for Facility Where Food is Prepared (if applicable)
- Payment (cash or check is accepted via mail, if payment is made in the office credit/debit card payments are charged an additional fee)
- Self-addressed, stamped envelope (if you want permit mailed back to you)



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## **Harvest Homecoming – Demonstration of Knowledge**

During the inspection, the Person-in-Charge will need to demonstrate the answers to the following questions. An explanation will not be sufficient.

- **How do you wash your hands?** –no push button valves allowed.
- **How do you measure your sanitizer concentration?**
- **How are you able to wash all of your dishes and equipment on site?** -If this is not possible, there must be a commissary agreement submitted with the application.
- **How are you storing and transporting wastewater?** –no dumping in the storm drains. Water must be transported to a sewer system.
- **How do you accept money?** – If you handle money your hands must be washed before handling food, even if you put on a glove.
- **What are your food temperatures?** – A probe thermometer is needed for hot foods.
- **How do you sanitize your probe thermometer?**
- **How will you be able to see when it is dark outside?**
- **How are you preventing hair from contaminating hands or food?**
- **How are you ensuring workers are not sick?**

Scan code for  
full checklist



**HARVEST HOMECOMING COMMISSARY AGREEMENT**

This form is to be submitted with an application for Harvest Homecoming if all processes of the operation are not able to be done on-site. Foods prepared in advance must be prepared at a permitted kitchen. Equipment should be cleaned at a commissary if it cannot be done on-site. This agreement means that the operator will have access to the commissary and its facilities for all process that cannot be done on-site. Failure to report to the commissary at least once daily during days of operation will result in a civil penalty & license suspension. Any modifications made to this document in any way will void this agreement.

I have access to my own restaurant/commissary known as \_\_\_\_\_

Food License for Commissary issued by: \_\_\_\_\_ County Health Department.

Commissary Address: \_\_\_\_\_ Zip: \_\_\_\_\_

This section is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a license.

Name of Business applying for food license: \_\_\_\_\_

Name of Approved Food Facility/Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Commissary Phone: \_\_\_\_\_ Different commissary this year? \_\_\_\_\_

Food License for Commissary issued by: \_\_\_\_\_ County Health Department.

Operations to take place (place X for yes or no):

Yes: \_\_\_ No \_\_\_ Food preparation? Yes: \_\_\_ No \_\_\_ Cooking facilities available for use?

Yes: \_\_\_ No \_\_\_ Overnight food storage including refrigeration & freezer space?

Yes: \_\_\_ No \_\_\_ Vehicle/Cart storage? Yes: \_\_\_ No \_\_\_ Washing of utensils/equipment?

Yes: \_\_\_ No \_\_\_ Waste Water Disposal? Yes: \_\_\_ No \_\_\_ Trash and Grease dumpster access?

As the owner of the above approved food facility/commissary, I have given my permission for the business known as \_\_\_\_\_ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Name of owner of Approved Facility/Commissary: (please print): \_\_\_\_\_

Signature of Approved Facility/Commissary Owner/Manager: \_\_\_\_\_

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