



Public Health
Prevent. Promote. Protect.

116 High Street, Room 12
Rockville, Indiana 47872
sanitarian@parkecounty.in.gov

Phone: 765-569-6665
FAX: 765-569-4061
parkecounty.in.gov

Parke County Health Department

Mobile/Temporary Food Permit Application

(Please Print Clearly)

YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. PERMITS WILL NOT BE ISSUED IF FULL PAYMENT HAS NOT BEEN RECEIVED. We accept Cash, Cashier's Checks, Money Orders, Discover, Visa, or MasterCard (credit/debit card processing fees apply). If paying by card, please complete page 4 of this application before submitting. **IF SENT BY MAIL, A STAMPED, SELF ADDRESSED ENVELOPE MUST BE SENT WITH THE APPLICATION.** If an envelope is not included with application, the permit will be available at the Health Department during regular business hours.

****LATE FEES****

Applications for the Covered Bridge Festival must be postmarked/received before September 30th or be subject to a \$50.00 late fee. All Covered Bridge Festival applications postmarked/received on or after the first day of Covered Bridge Festival will be subject to a higher late fee of \$100.00.

A. Event Information

Name of Event: _____

Date of Event: _____

Vendor Location: _____

Property Owner Name: _____

Attach Menu or list products: _____

B. Vendor Information

Establishment Name: _____

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Home/Business Phone: _____ Cell Phone: _____

E-Mail Address: _____

(Email will be used for future reminders for the Covered Bridge Festival)

Revised 12/30/2025

C. Event

- | | |
|---|-----------|
| <input type="checkbox"/> Parke County Maple Fair | \$ 40.00 |
| <input type="checkbox"/> Parke County Fair | \$ 70.00 |
| <input type="checkbox"/> Covered Bridge Festival | \$ 100.00 |
| <input type="checkbox"/> Other Events \$10.00/day: _____ to _____ | \$ _____ |
| <input type="checkbox"/> Yearly Temporary Permit (Valid for all events) | \$ 150.00 |
| <input type="checkbox"/> Late Fee (for applications postmarked/received after 9/30) | \$ 50.00 |
| <input type="checkbox"/> Late Fee (postmarked/rec'd on or after 1st day of Covered Bridge Fest.) | \$ 100.00 |
| <input type="checkbox"/> State or federally recognized non-profit organization receiving payment for serving the public 15 days or less per calendar year | \$ 0.00 |

****Please note that all precooked or prepackaged foods that require being held at temperature (41°F or lower for refrigerated items and 135°F or higher for hot items) are considered potentially hazardous****

All food preparation will be done on site. (Please mark if applicable)

☐

***** No foods are allowed to be stored at a home kitchen. All foods requiring preparation must be prepared on site or in a certified kitchen or licensed establishment and be properly transported to event. If the kitchen/establishment is not licensed through the Parke County Health Department, the vendor will be required to show proof of license. Product may be detained and the Temporary Food Permit will be suspended until proof of license is shown*****

*****All raw meat and cheese *must* bear a proper label showing a USDA stamp or Indiana Board of Animal Health approved label. Any raw animal products not properly labeled may be detained and the Temporary Food Permit will be suspended until proof of origin is determined. *****

D. Certified Food Manager Certificate

*****Required for Menu Type 2*****

Name: _____ Expiration Date: _____

Certified Number (or attach copy): _____

State Obtained: _____

Certifying Company
(Choose one)

- ☐ Certified Professional Food Manager®
(Prometric)
☐ Food Safety Manager Certification Examination (The National Registry of Food Safety
Professionals®)
☐ ServSafe®

The Original Certificate must also be available at the establishment. If the establishment is exempt from 410 IAC 7-26 then all requirements in 410 IAC 7-42 Section 118 must be met.

E. Signature

Application is hereby made for a permit to operate a Temporary Food Establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410-IAC 7-24, 410 IAC 7-22, and the Parke County Food Protection Ordinance. It is further agreed that the establishment shall be open to inspection daily by agents of the Parke County Health Department. This Temporary Food Permit is not transferrable. The permit is issued only to the establishment and location/event(s) named on the application. **Fees are non-refundable.** Submitting this application does not guarantee a permit will be issued.

The Parke County Health Department may suspend your permit to operate a Temporary Food Establishment if it is determined through inspection, or examination of employee, food, records, or other means as specified in the Parke County Food Protection Ordinance, that an Imminent Health Hazard exists.

Date of Application: _____ Amount Enclosed: _____

Signature of Owner/Manager: _____

Signature of owner or manager signifies that the above information is true and correct to the best of his/her knowledge.

For Health Department Use Only

Received by: _____

Date of Application: _____ Amount Paid: _____ Receipt#: _____ Permit#: _____

Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a Convenience Fee of \$1.00 + 1.99%.

I authorize the Parke County Health Debit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after

_____ [printed name]

_____ [date]

Signature

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the afore mentioned card. I will not dispute the payment with the credit card company, so long as the transaction corresponds to the terms indicated in this form.

Name: _____

Billing Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Office Use Only:

Authorization # _____ Initials: _____ Date: _____

Please Fill Out Card Information

Account Type (Choose One): ☐ Visa ☐ MasterCard ☐ Discover

Account Number: _____ Expiration Date: _____

Security Code (3 Digit): _____