

# Gary Health Department Temporary Food Establishment Application

Name of Event: \_\_\_\_\_

**Permit fee \$50.00**

Date(s) of Event: \_\_\_\_\_

Name of Temporary Food Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Certified Food Employee/Certificate #: \_\_\_\_\_

List workers and Health Card numbers: \_\_\_\_\_

\_\_\_\_\_ Attach separate sheet if necessary

List food and beverage items to be prepared and served. \_\_\_\_\_

\_\_\_\_\_ Attach separate sheet if necessary. Note: Any changes to the menu must be submitted to and approved by the GHD at least one week prior to the event)

Will all foods be prepared at the temporary food establishment site? Yes \_\_\_ No \_\_\_

If no, the operator must provide a copy of the current license for the permanent food establishment where the food will be prepared.

Describe how frozen, cold and hot foods will be transported to the Temporary Food Establishment (be specific)

How will food temperatures be monitored during the event? \_\_\_\_\_

Identify the sources of each meat, poultry, seafood and shellfish item. Include the source of the ice. Attach separate sheet if necessary \_\_\_\_\_

Applications must be received two weeks prior to the event to allow for Health Dept review.

Return to Gary Health Department  
Environmental Health Division  
1145 West 5<sup>th</sup> Avenue  
Gary, Indiana 46402 Phone: 219-882-5565