Clay County Health Department

1214 E. National Ave. Suite# B110
Brazil, Indiana 47834-2659
Phone (812) 448-9021
Fax (812) 448-9018

Temporary Food Service Registration Form

Establishment/Business/Organization Name: _____

Name of Owner/Operator: _____

Home Address: _____ (_____) (____) (_____)
Street City State Zip

Phone: (_____)_____-_____

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Type of Facility (check one): Mobile Unit _____ Stand/Building _____ Other _____

Event: _____

Location: _____

Dates: _____ Working Hours: _____

Menu: (Including all beverages and extra ingredients served with each item)

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-20, (Retail Food Establishment Sanitation Requirements).

_____ _____
(Print Name) (Signature)