



# REGISTRATION APPLICATION FOR A TEMPORARY RETAIL FOOD ESTABLISHMENT

State Form 55110 (R2 / 4-13)  
Indiana State Department of Health – Food Protection Program

Return completed form to:  
Indiana State Department of Health  
Food Protection Program, Room N855  
100 N. Senate Ave.  
Indianapolis, IN 46204  
317/234-8569 (fax) 317/233-9200

*Please complete a form for each separate operation.*

### 410 IAC 7-24-107 PREREQUISITE FOR OPERATION

- (a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
- (b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.
- (c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

### ESTABLISHMENT OWNER INFORMATION

Establishment Owner's Name			
Mailing Address (number and street)			
City	State	ZIP Code	County
E-mail	Telephone Number	Fax Number	

### ESTABLISHMENT INFORMATION

Establishment or Organization			
Establishment or Organization Address (number and street)			
City	State	ZIP Code	County
E-mail	Telephone Number	Fax Number	

### EVENT INFORMATION

Event Name	
Event Contact	Telephone Number
Date(s) of Event (month, day, year)	Hour(s) of Event
Food to be Served	
Location of your operation during this Event (check one):	<input type="checkbox"/> Grandstands <input type="checkbox"/> On the Fairgrounds – Lot Number: _____ <input type="checkbox"/> Building (specify): _____ <span style="display: block; text-align: right; font-size: small;">(Building Name)</span>
Type of structure (check one):	<input type="checkbox"/> Trailer <input type="checkbox"/> Tent <input type="checkbox"/> Cart <input type="checkbox"/> Booth: _____ (Booth Number) <input type="checkbox"/> Other: _____ (Specify) <input type="checkbox"/> Stock truck: _____ (State and License Plate Number) <input type="checkbox"/> Prep truck: _____ (State and License Plate Number)
Providing Samples to the Public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Prep / Storage at location other than Fairgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, provide Other Site Prep / Storage address.)
_____ (Street)	_____ (City)    _____ (State)    _____ (ZIP Code)    _____ (County)
If located elsewhere on fairgrounds, provide location: _____	

Original Signature of applicant	Date (month, day, year)
Printed name of applicant	Title