



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 ISDA - Indiana Grown			
Mailing Address (number and street) 1 N. Capitol, Suite 600			
City Indianapolis	State IN	ZIP Code 46204	County Marion
E-mail indianagrown@isda.in.gov	Telephone Number 317-232-8870	Fax Number	

ESTABLISHMENT INFORMATION

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

EVENT INFORMATION

Event Name Indiana State Fair Indiana Grown Store	
Event Contact Dana Kosco/Suzi Spahr	Telephone Number 317-473-5210/317-407-2924
Date(s) of Event (month, day, year) August 3 - 19., 2018	Hour(s) of Event 9am to 9pm
Food to be Served	

Location of your operation during this Event (check one):

Grandstands On the Fairgrounds – Lot Number: _____

Building (specify): _____ Ag/Hort
(Building Name)

Type of structure (check one):

Trailer Tent Cart Booth: _____ Other: _____ fixed structure
(Booth Number) (Specify)

Stock truck: _____ Prep truck: _____
(State and License Plate Number) (State and License Plate Number)

Providing Samples to the Public? Yes No

Food Prep / Storage at location other than Fairgrounds? Yes 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) 7-2-2018
Printed name of applicant Suzi Spahr	Title Program Manager