



**DEPARTMENT OF FOOD & CONSUMER SAFETY**

4701 N Keystone Ave Suite 500  
INDIANAPOLIS, INDIANA 46205

PHONE (317) 221-2222 WEBSITE [www.marionhealth.org](http://www.marionhealth.org)

**TEMPORARY FOOD SERVICE ESTABLISHMENT  
TRADE SHOW AND CONVENTION LICENSE APPLICATION**

NAME OF BUSINESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_ EVENT LOCATION \_\_\_\_\_

EVENT ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TIME OF EVENT \_\_\_\_\_ DATES OF OPERATION \_\_\_\_\_

A TRADE SHOW OR CONVENTION THAT TAKES PLACE AT A SINGLE LOCATION AND HAS MULTIPLE VENDORS PROVIDING SAMPLES OF EITHER POTENTIALLY HAZARDOUS FOOD OR UNPACKAGED FOOD TO ATTENDEES MUST MEET THE FOLLOWING REQUIREMENTS:

- 1) The organizer of the trade show or convention must obtain a temporary food establishment license from the Health Officer.
- 2) All participating food vendors must comply with the requirements in Title 410 IAC 7-24.

**THE LICENSE FEES FOR A TRADE SHOW OR CONVENTION ARE:**

| NUMBER OF VENDORS | FEE      |
|-------------------|----------|
| 1 THROUGH 25      | \$165.00 |
| 26 THROUGH 50     | \$275.00 |
| 51 THROUGH 100    | \$385.00 |
| OVER 100          | \$495.00 |

MAKE CHECKS PAYABLE TO: **HEALTH AND HOSPITAL CORPORATION**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Approver: \_\_\_\_\_