Floyd County Health Department
1917 Bono Road, New Albany IN 47150
T: 812-948-4726, option 2, option 1 **E:** environmental@floydcounty.in.gov
W: https://www.in.gov/counties/floyd/health-department/

To: All Food Booth Vendors
From: Floyd County Health Department
Date: July 2026
Subject: Harvest Homecoming Food Booth Application and Regulations

HARVEST HOMECOMING PERMIT: DUE OCTOBER 7th, 2026 before noon.
If the application and fee are submitted after noon October 7th a late fee of 50% of the permit fee will be charged. There are now three options on how you can submit your application and payment.

Digitally: Email all documents to environmental@floydcounty.in.gov and pay online by scanning the QR code to the right. There is a 3% fee for this service. You will choose "Harvest Homecoming permit" and **submit the order for $0**. We will then go in and charge the card the correct amount.

By mail: Provide application, payment and a return envelope. If a return envelope is not provided the permit will be emailed and must be printed by the facility.

In person: If you choose to come to the office to renew your permit, please call ahead to verify someone will be present to process your permit renewal.

There are no refunds. If you are not accepted as a vendor by the Booth Committee, our office cannot issue a refund.

ALL BUSINESSES INCLUDING NON-FOR PROFITS MUST GET A PERMIT IF THEY ARE PREPARING OR SELLING ANY FOOD ITEMS. Please note, if a booth is selling pre-packaged, non-potentially hazardous food items, a permit **will not** be required (i.e. bagged chips, candy, bottled soft drinks). Call FCHD if you have questions.

ALL BOOTHS HANDLING RAW MEATS MUST HAVE AT LEAST 1 CERTIFIED FOOD MANAGER.
The certified food handler certificate must be submitted with the application. The original certificate must also be present in the booth during inspection.

THE FACILTY WHERE THE FOOD IS PREPARED IS SUBJECT TO INSPECTION. Food must be prepared in a licensed and inspected kitchen or on site. If the food is prepared in a facility not in Floyd County you must provide FCHD with a copy of the Facility's Permit, last inspection report, and a completed commissary agreement.
*** This may not apply to some non-for-profit organizations*.**

***NON-FOR-PROFIT ORGANIZATIONS MUST PROVIDE THEIR TAX EXEMPT ID NUMBER ON THE APPLICATION OR THEY WILL BE CHARGED A PERMIT FEE.**
If you have any questions please contact Thomas Snider at 812-948-4726 ext. 678

Thomas Snider
Chief Food Specialist, FCHD

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Application for Harvest Homecoming Temporary Food Service (PRINT CLEARLY)

Application Date: _____

Name of Business: _____

Owner(s) Name: _____

Address: _____

City/State/Zip:_____

Phone: _____ Fax: _____

Emails: _____

Non-for-profit Tax ID number: _____N/A_____

Person in Charge: _____ Phone: _____

Certified Food Handler (Name/Number) _____

(Must include copy of certificate at time of application or permit will not be processed)

Certified Food Manager Phone: _____

Dates(s) of Event (required) (Booth days 10/8-10/11):_____

Hours of Operation:_____

Type of Structure: _____ Trailer _____ Tent _____ Booth _____ Bldg _____ Other

Location of Stand (booth # required): _____

Will Additional Storage Trailers be used for Food Storage/Single Service Items: ☐ YES ☐ NO

If yes, list location (note: additional storage will also need to be inspected) _____

Food/Beverages to be sold: _____

Location where food is prepared or dishes washed: _____

Where is food/beverages stored prior to the event: _____

(food cannot be prepared or stored at a personal residence)

CHECKLIST SHEET (Please make sure you have completed all steps before submitting application)

- ☐ Completed Application
- ☐ Certified Food Handler Certificate (If Applicable)
- ☐ Permit and Last Inspection Report for Facility Where Food is Prepared (if applicable)
- ☐ Payment
- ☐ Self-addressed, stamped envelope (if you want permit mailed back to you)

Fees for Harvest Homecoming Temporary Food Service Permits are non-refundable. Fees for the permit are $20.00 per day; $100.00 maximum- for a maximum of 14 consecutive days

Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.

Name of Owner_____ Signature of Owner_____

RESERVED FOR OFFICE USE
PERMIT#_____ PERMIT FEE $_____ DATE PAID _____ RECEIPT#_____ INITIALS _____

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Harvest Homecoming – Demonstration of Knowledge

During the inspection, the Person-in-Charge will need to demonstrate the answers to the following questions. An explanation will not be sufficient.

- **How do you wash your hands?** –no push button valves allowed.
- **How do you measure your sanitizer concentration**?
- **How are you able to wash all of your dishes and equipment on site?** -If this is not possible, there must be a commissary agreement submitted with the application.
- **How are you storing and transporting wastewater?** –no dumping in the storm drains. Water must be transported to a sewer system.
- **How do you accept money?** – If you handle money your hands must be washed before handling food, even if you put on a glove.
- **What are your food temperatures?** – A probe thermometer is needed for hot foods.
- **How do you sanitize your probe thermometer?**
- **How will you be able to see when it is dark outside?**
- **How are you preventing hair from contaminating hands or food?**
- **How are you ensuring workers are not sick?**
- **How are you storing food and utensils so they do not become contaminated?**

Scan code for full checklist

New Food Code Changes- Last year Indiana adopted a new Food Code (410 IAC 7-26). Changes that will affect all vendors are:

- **Employee Reporting Agreement**- When to report illness to the HD and when to exclude people from food service. This should be on site and not submitted with the application.
- **Clean Up procedure for Vomit or Diarrhea**. – A plan with supplies available. This is to prevent the spread of Norovirus. https://www.in.gov/counties/floyd/health-department/files/Vomit-and-Diarrhea-Cleanup-Template.pdf
- **Written Notification of Allergen's**- A sign declaring what major allergen's are at your booth or food truck. (milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, soybeans, and sesame)
- **Handwashing signage-** ("Employees must wash hands before returning to work")

FORM 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp.**,** or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small)*

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (***Salmonella* Typhi**), **shigellosis** (***Shigella*** spp. infection), ***Escherichia* coli O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)**

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC **infection, or hepatitis A.**
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print)_____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____