Food Pantry Application

A food pantry receives, buys, stores and distributes food to the indigent and needy at no charge. Food pantries operations are limited to providing prepackaged products or repackaging bulk items into individual portions. Utilize this application for a food pantry. Feeding sites would need to complete the Food Establishment Plan Review Application.

Food & Consumer Safety does not require licensure for food pantries distributing pre-packaged non-potentially hazardous foods from an approved source in their original packaging. Examples include commercially canned or jarred goods, soup, boxes of cereal, bottled water, and packaged pasta.

Steps to obtain a Food Pantry License:

Step 1: Submit Application
Step 2: Plan Review
    MCPHD Food & Consumer Safety will review the application.
Step 3: Licensing Inspection
    Marion County Public Health Department Food & Consumer Safety will contact you to schedule an inspection of your facility. Upon successful inspection, an application for license will be issued.

Establishment Name & Location

1. Establishment Name__________________________________________________________
2. Establishment Address_______________________________________________________

Owner & Contact Information

3. Owner
   If the owner is a corporation, give the corporate name and the name of an officer of the corporation.
4. Owner’s Full Mailing Address
   __________________________________________________________________________
   Owner’s Phone: ___________________ Owner’s Email: ______________________________
5. Contact Person (responsible for Food Pantry) __________________________________
   Contact’s Phone ___________________ Contact’s Email ____________________________
Establishment Information

6. Hours of Operation: ________________________________________________________________

7. Days of Operation (check all applicable days)
   □ Sunday   □ Monday   □ Tuesday   □ Wednesday   □ Thursday   □ Friday   □ Saturday

Food Supplies

8. Are all food supplies from inspected and approved sources?  □ Yes □ No
   Provide a list of food sources (i.e. Gleaners, individual donations):
   _____________________________________________________________________________

9. Will you be offering potentially hazardous foods?  □ Yes □ No

   *Potentially Hazardous Foods: foods that require time and temperature control in order to prevent bacteria growth.*

10. What are your procedures for receiving foods? (attach or describe below)
    _____________________________________________________________________________
    _____________________________________________________________________________
    _____________________________________________________________________________

11. What days will you be receiving foods? (check all applicable days)
    □ Sunday   □ Monday   □ Tuesday   □ Wednesday   □ Thursday   □ Friday   □ Saturday
    □ Varies   □ Unknown

12. How will you dispose of unacceptable donations?
    _____________________________________________________________________________

Food Storage

13. How will dry goods be stored off the floor?
    _____________________________________________________________________________
14. Does each refrigerator/freezer have a thermometer?  ☐ Yes ☐ No ☐ N/A
   Number of refrigeration units: _____  Number of freezer units: _____

**Food Handling**

15. Will you repackage any foods?  ☐ Yes ☐ No
   *Note: Repackaged foods are required to have labels.*

16. Will you be performing cooking demonstrations?  ☐ Yes ☐ No

**Facility Information**

17. Do you have access to a kitchen?  ☐ Yes ☐ No

18. How many square feet is the pantry?  ______________________________

19. Where is the pantry located in the building?
   __________________________________________________________________

20. How will pests be controlled?
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

21. How will employees/volunteers be trained in food safety?
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

*If you need assistance or would like to set up an appointment to review this application, contact Tera Townsend at (317) 221-2248 or ttownsend@marionhealth.org.*

______________________________________________________________
**Printed Name of Applicant**

______________________________________________________________
**Signature of Applicant**  ______________________________

**Date**