

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