

# Delaware County Health Department

125 N Mulberry St., Muncie, IN 47305  
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**Public Health**  
Prevent. Promote. Protect.

## Application For Temporary Food Establishment Permit

<b>Name of Temporary Event:</b>		<b>Time:</b>	
<b>Event Location:</b>		<b>Dates of Event:</b>	
<b>Name of Stand:</b>		<b>Manager's Name:</b>	
<b>Owner's Name:</b>		<b>Telephone Number:</b>	
<b>Mailing Address:</b>		<b>E-mail Address:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Provide Copy of Certified Food Handler Certificate: Yes or No (circle one)</b>			
<b>Location of Off-Site Prep and/or Commissary:</b>			
<b>Address:</b>			
<b>City:</b>			
<b>Provide Copy of County Health Dept. Permit: Yes or No (circle one)</b>			
<b>List Food(s) to be Served:</b>			
<b>Sewage Disposal: City _____ Private _____</b>		<b>Water Source: City _____ Private _____</b>	

I hereby certify that the above information is correct and that the food service facilities will be maintained in compliance with the Delaware County Ordinance 2004-13, 410 IAC 7-24 and all other applicable state and local codes.

I understand that the food establishment permit is not transferable and will be kept posted on the above mentioned premises in a conspicuous location.

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

Permit Issued \_\_\_\_\_ Permit Approved \_\_\_\_\_

Permit Number \_\_\_\_\_ Environmentalist \_\_\_\_\_

Check No. or Cash \_\_\_\_\_ Amount Paid \_\_\_\_\_

ID Number \_\_\_\_\_ Correspond to Corporate \_\_\_\_\_