

**JASPER COUNTY HEALTH DEPARTMENT
FOOD PERMITS
105 WEST KELLNER BLVD.
RENSELAER, IN 47978**

Application is hereby made for a permit to operate a temporary retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24 and the Jasper County Health Department Ordinance--- or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Jasper County Health Department.

You must fill out the form completely and accurately. Return the form and the proper fee of \$25 to the Jasper County Health Department. Submitting this application does not guarantee a permit will be issued. Any changes in the information provided should be reported to the Jasper County Health Department.

APPLICATION MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO EVENT

ESTABLISHMENT OR ORGANIZATION _____

OPERATOR'S NAME _____

TELEPHONE # _____

OPERATOR'S ADDRESS _____

ADDRESS _____

This will be the location at which you will be set up for operation.

Does your establishment have a computer? _____

Does it have access to the internet? _____

List email address for notices from The Health Department _____

DATE OF EVENT _____

HOURS OF OPERATION _____

TYPE OF SETUP: TRAILER _____ TENT _____ BOOTH _____

WILL FOOD BE PERPARED ON SITE _____ IF NO, PLEASE LIST THE INSPECTED AND APPROVED SITE. _____

PLEASE, LIST ALL ITEMS ON MENU:

LIST ALL FOOD SAFETY CERTIFICATE HOLDERS:

PLEASE, ENCLOSE A COPY OF FOOD SAFETY CERTIFICATE!

HOW WILL YOU DISPOSE OF WASTEWATER?

HOLDING TANKS? _____ PUBLIC UTILITY? _____

PLEASE INCLUDE A PHOTO OF YOUR SETUP.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

PERMIT # _____

DATE ISSUED _____

RECEIPT # _____

DATE EXPIRED _____

