

JASPER COUNTY HEALTH DEPARTMENT
FOOD PERMITS
105 WEST KELLNER BLVD.
RENSSELAER, 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 PREPARED 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 _____