



1616 Smith St  
 Logansport , Indiana 46947  
 www.co.cass.in.us  
 Office :574-753-7760 Fax: 574-753-7039

## Application for a Temporary Food Establishment Permit

**Please complete form in its entirety and return no later than 15 days before the scheduled event**

<p style="text-align: center; color: red;">(CHECK ONE)</p> <p>_____ Temporary Food Permit : \$ 35.00 per day          ( \$150.00 for 5 or more days)</p> <p>_____ Mobile Food Permit : \$ 150.00</p>	<p><b>** An attached copy of a          Certified Food Handler Certificate          is required **</b></p>
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Name of temporary event:	Event Location:	Dates of Event:
		Hours of Event :

Name of Stand:	Managers Name:
Owners Name :	Telephone Number :
Mailing Address :	Email Address :
City :                      State :                      Zip Code:	

Have arrangements been made with the Event Coordinator ? YES    NO    (CIRCLE ONE)
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List Food(s) that are going to be served:	Sewage Disposal : City      Private    (CIRCLE ONE)
	Water Source :    City      Private    (CIRCLE ONE)

I hereby certify that the above information is correct and that the food service facilities will be maintained in compliance with the Cass County Food Ordinance, 410 IAC 7-24 and all other applicable state and local codes. I understand that the food establishment Permit is non-transferable or refundable. The permit must be posted at location.

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

<b>OFFICE USE ONLY</b>			
Permit Issue Date: _____	Permit Number : _____		
Amount Paid : _____	CASH    CREDIT CARD    CHECK ( CIRCLE ONE)		
Receipt # : _____	CHECK # _____	Initials : _____	