

# KOSCIUSKO COUNTY HEALTH DEPARTMENT

100 W. CENTER STREET WARSAW, INDIANA 46580

TELEPHONE: 574-372-2349 o FAX: 574-269-2023

## TEMPORARY RETAIL FOOD ESTABLISHMENT PERMIT FOR KOSCIUSKO COUNTY, INDIANA

DATE(S) OF EVENT \_\_\_\_\_ NAME OF EVENT \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_ EVENT COORDINATOR \_\_\_\_\_

TOTAL # OF DAYS OF OPERATION \_\_\_\_\_ START TIME OF EVENT \_\_\_\_\_

\$15.00 per day Temporary Retail Food Establishment Fee = \_\_\_\_\_ Total Fee

### APPLICANT INFORMATION

BUSINESS NAME OF VENDOR \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_  
(STREET) (CITY, STATE) (ZIP CODE)

VENDOR TELEPHONE # \_\_\_\_\_ BUSINESS FAX # \_\_\_\_\_

BUSINESS VENDOR OWNER(S) \_\_\_\_\_  
(NAME OF INDIVIDUAL OR CORPORATION)

PERSON IN CHARGE AT THE EVENT FOR YOUR ESTABLISHMENT \_\_\_\_\_

**\*TO RECEIVE YOUR PERMIT, YOU MUST ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH THE COMPLETED APPLICATION OR YOU MAY OBTAIN YOUR NEW PERMIT AT THE KOSCIUSKO COUNTY HEALTH DEPARTMENT\***

### PLEASE READ BEFORE SIGNING:

By signing below: I/We agree to abide by all provisions set forth in 410 IAC 7-24 Retail Food Establishment Sanitation Requirements and the Retail Food Establishment and Bed & Breakfast Establishment Ordinance of Kosciusko County, Indiana. I/We also agree to notify the Kosciusko County Health Department of any change in ownership. I/We understand that this permit is issued only to the person/persons making application and IS NOT TRANSFERABLE. The Kosciusko County Health Department shall also be notified prior to remodeling, the purchase of equipment or any changes in the menu that require equipment or structural changes to the establishment.

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

### **HEALTH DEPARTMENT USE ONLY**

Cash \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ License # \_\_\_\_\_ Issued By \_\_\_\_\_ Date Received \_\_\_\_\_

I.D# \_\_\_\_\_