

Application for Temporary Food Service Permit

For Profit Food Service - \$30 Non-Profit Food Service - Free

Name of Temporary Food Service Unit:

Name of Event:

Location of Event (Address):

City:

State:

Zip:

Date(s) of Event(s)

Owner Name:

Owner Mailing Address:

City:

State:

Zip:

Email Address:

Signature of Applicant: _____

Please mail payment and application to
Randolph County Health Department
325 S. Oak St., Suite 202
Winchester, IN 47394
765.584.1155

FOR OFFICE USE ONLY

Receipt # _____ Date _____ Amount _____