

KOSCIUSKO COUNTY HEALTH DEPARTMENT

100 W. CENTER STREET WARSAW, INDIANA 46580

TELEPHONE: 574-372-2349 ○ 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 _____

\$3.00 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 _____