

# SULLIVAN COUNTY

## HEALTH DEPARTMENT

27 South Main Street  
IN 47882

Telephone (812) 268-0224 Sullivan,  
Fax (812) 268-0423

### APPLICATION FOR TEMPORARY FOOD PERMIT

Temporary food permits are good for a single event or celebration. Temporary food permits cannot exceed more than 14 consecutive days.

The undersigned hereby makes application to operate a temporary food establishment.

From \_\_\_\_\_ 20\_\_\_\_ To \_\_\_\_\_ 20\_\_\_\_\_

**APPROXIMATE TIME OF COMPLETED SET-UP FOR INSPECTION** \_\_\_\_\_

Organization or Business Name \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Manager \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Location food is served/sold \_\_\_\_\_

Location food is prepared \_\_\_\_\_

MENU:

\_\_\_\_\_

**Certified Food Manager Employee (PLEASE ATTACH COPY OF DOCUMENT ALONG WITH PHOTO ID)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please check **ONLY ONE** type of permit.

\_\_\_\_\_ Temporary permit (\$25.00 fee)

\_\_\_\_\_ Temporary Non-Profit Permit (No Charge) Tax I.D.# \_\_\_\_\_

**Fees are payable to the Sullivan County Health Department. No personal checks are accepted. Business checks, money orders or cash **ONLY**.**

I/WE AGREE NOT TO DISPLAY/SERVE OR SELL ANY ITEMS OTHER THAN THOSE LISTED ON THE MENU

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

**FOR OFFICE USE: DATE PAID** \_\_\_\_\_ **AMOUNT RECEIVED** \_\_\_\_\_

Updated 11/2021