

WHITE COUNTY
DEPARTMENT OF HEALTH
315 N. ILLINOIS STREET P. O. BOX 838
MONTICELLO, IN 47960
PHONE (574) 583-8254

FOR OFFICIAL USE ONLY

Received Payment \$ _____
Receipt # _____
Date _____
Permit # _____
Permit Issued _____

NOTICE

Application must be submitted
14 days prior to event

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

Application is, hereby, made for a permit to operate. By this application, it is agreed that the establishment will comply with the provisions of Indiana State Board of Health Rule 410 IAC 7-24 and local Health Department food service sanitation requirements. It is further agreed that said establishment shall be open to inspection by the White County Health Department.

The permit fee will be \$10.00 for a one day operation and \$10.00 for each additional day of continuous operation, with a maximum charge of \$50.00. A temporary food service permit is valid for a period up to two weeks.

You may mail the permit fee along with the application form to the above address. Please make check or money order payable to: **WHITE COUNTY HEALTH DEPARTMENT.**

Please print or type

ORGANIZATION _____

OPERATOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER(S) _____

E-MAIL ADDRESS _____

DATES OF FOOD SERVICE _____ HOURS OF OPERATION _____

EVENT _____ LOT# _____

LOCATION WHERE FOOD IS TO BE PREPARED _____

LOCATION WHERE FOOD IS TO BE SERVED _____

FOOD ITEMS TO BE SERVED _____

PLEASE ATTACH A PHOTO OF UNIT

SIGNATURE

DATE