

**WHITE COUNTY  
DEPARTMENT OF HEALTH**  
902 FOXWOOD CT - P. O. BOX 838  
MONTICELLO, IN 47960  
PHONE (574) 583-8254

**FOR OFFICIAL USE ONLY  
TEMPORARY-FESTIVAL  
YELLOW**

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