



**WHITE COUNTY HEALTH DEPARTMENT • FOOD SANITATION**  
 902 FOXWOOD COURT • P.O. BOX 838 • MONTICELLO, IN. 47960  
 PHONE (574) 583-8254 • FAX (574) 583-1513  
 healthdept2@whitecountyindiana.us • www.in.gov/localhealth/whitecounty/

**APPLICATION FOR PERMIT TO OPERATE A  
 FOOD SERVICE ESTABLISHMENT**

**NOTICE:** *Application must be submitted  
14 days prior to operation*

**TEMPORARY FOOD PERMIT APPLICATION**

<b><u>OFFICE USE ONLY</u></b>
Received Payment \$ _____
Receipt # _____
Date _____
Permit # _____
Permit Issued _____

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 Department 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 \$20.00 for one day of operation.** It is \$20.00 for each additional day of continuous operation, *with a maximum charge of \$100.00.* A temporary food service permit is valid for a period of up to two weeks.

Send the permit fee & completed application to the above address. Checks or money orders are payable to White County Health Department. Credit/debit card payments can be taken over the phone at (574) 583-8254.

**ORGANIZATION** \_\_\_\_\_

**OPERATOR'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**EMAIL 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 or email photos to healthdept2@whitecountyindiana.us*

\_\_\_\_\_  
*Signature of Operator / Manager* \_\_\_\_\_  
*Date*