

STARKE COUNTY HEALTH DEPARTMENT
53 East Washington Street
Knox, IN 46534
Ph:(574) 772-9137

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT TO OPERATE A
FOOD ESTABLISHMENT AS DEFINED IN: TITLE 410 I.A.C. 7-24**

**The undersigned hereby makes application to operate a
TEMPORARY FOOD ESTABLISHMENT from date of:**

_____ 2010 to _____ 2010

ORGANIZATION: _____

Mailing address: _____

PHONE: _____ **FAX:** _____

Email: _____

Location or event where food is to be sold or served: _____

Location where food is to be prepared: _____

MENU: _____

PLEASE NOTE: AS OF 1-1-2005 INDIANA REQUIRES AS PER 410 IAC 7-22 ALL FOOD ESTABLISHMENTS (UNLESS EXEMPT BY MENU OFFERING) TO HAVE A CERTIFIED FOOD HANDLER ON STAFF. YOU MUST ATTACH A COPY OF THE VALID CERTIFICATION DOCUMENT FOR THE DESIGNATED CERTIFIED FOOD EMPLOYEE OF YOUR FACILITY. A PERMIT WILL NOT BE ISSUED WITHOUT PROOF OF THIS CERTIFICATION! 30 DAYS PRIOR TO EVENT (410 IAC 7-24-107) SUBMIT THIS COMPLETED APPLICATION ALONG WITH CASHIER'S CHECK or MONEY ORDER FOR PERMIT FEE TO THE STARKE COUNTY HEALTH DEPARTMENT at the above address
NO PERSONAL CHECKS WILL BE ACCEPTED!
\$35.00 for 1-3 DAY EVENT or \$50.00 for 4-14 DAY EVENT

I agree to abide by all provisions set forth in 410 I.A.C. 7-24 and am aware this temporary food establishment is subject to inspection by the STARKE COUNTY HEALTH DEPARTMENT

Signed _____
PRINTED _____ WRITTEN _____
DATE: _____ TITLE: _____