

# TEMPORARY FOOD LICENSE APPLICATION

GRANT COUNTY HEALTH DEPARTMENT

401 S. Adams Street ♦ Marion, IN. ♦ 46953

Phone: (765) 651-2401 ext. 3123 or 3111 Fax: (765) 651-2419

Email [Foods@grantcounty.net](mailto:Foods@grantcounty.net)

Website Address: [www.grantcounty.net](http://www.grantcounty.net)

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

Concession Name: \_\_\_\_\_

Concession Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certified Food Handler: Name \_\_\_\_\_ Issued date: \_\_\_\_\_

Type of Unit (check all that apply):  Mobile  Trailer  Stand  Tent  Cart  Truck

Water Supply:  Public  Private (well)  Bottled Water

*(If using a private well we need a copy of your most recent water test report from a certified lab)*

Sewage Disposal:  Public  Private (septic system)

.....  
MENU (Items being sold at this event) : \_\_\_\_\_  
\_\_\_\_\_

EVENTS (List all events In Grant County)  
\_\_\_\_\_  
\_\_\_\_\_

FEES:  \$75.00

METHOD OF PAYMENT:  Cash  Check  Debit/Credit  Money Order  
.....

### \*\*\*IMPORTANT REMINDERS\*\*\*

- 1) You must purchase a food license at least 10 days in advance of the event. **Failure to do so will result in an additional \$100.00 late fee.**
- 2) A copy of the Certified Food Handler (CFH) certificate must be attached to this application.
- 3) Complete all sections of this application. Failure to do this may delay the licensing process.