



Blackford County Health Department

506 E Van Cleve St
Hartford City IN 47348
Phone (765) 348-4317
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<https://www.in.gov/localhealth/blackfordcounty>

TEMPORARY FOOD LICENSE APPLICATION

(Self-addressed stamped envelope required)

** NOTE: All temporary concession licenses are due 10 DAYS PRIOR to the event, to prevent late fees**

CONCESSIONS INFORMATION	LICENSE NUMBER _____
Concessions Name: _____	Phone: _____
Establishment Address: _____	E-Mail: _____
City/Town: _____	State: _____ Zip Code: _____
TYPE OF MOBILE UNIT (check all that apply) <input type="radio"/> Tent <input type="radio"/> Trailor <input type="radio"/> Stand <input type="radio"/> Cart <input type="radio"/> Truck	
Water Supply: <input type="radio"/> Public <input type="radio"/> Private Well Sewer <input type="radio"/> Public <input type="radio"/> Septic (If using a private well, BCHD needs a copy of the current water test report from a certified lab)	
Name of Current Certified Food Handler: _____	
Certificate Issued Date: _____ Operating without Certified Food Handler \$50.00 FINE	
<u>OWNERS INFORMATION</u>	
Owners Name: _____	Phone: _____
Owners Address: _____	E-Mail: _____
City/Town: _____	State: _____ Zip Code: _____
<u>MENU:</u>	

<u>EVENT/ EVENTS ATTENDING:</u>	

TOTAL FEE: \$100.00 (YEARLY) OR TOTAL FEE: \$ 50.00 (PER EVENT)	
*****AMOUNT OF FEE SUBMITTED: _____*****	
Late fee add \$50.00	
CHECK/MONEY ORDER _____	CASH _____
Signature _____	Date: _____