



Blackford County Health Department

506 E Van Cleve St
Hartford City IN 47348
Phone (765) 348-4317
Fax (765) 348-3041
<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) Tent Trailor Stand Cart Truck

Water Supply: Public Private Well Sewer Public 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

OWNERS INFORMATION

Owners Name: _____ Phone: _____

Owners Address: _____ E-Mail: _____

City/Town: _____ State: _____ Zip Code: _____

MENU:

EVENT/ EVENTS ATTENDING:

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: _____