Decatur County Health Department

315 S. Ireland St. Greensburg IN 47240

Temporary
Food Service Permit Application

Please send this form along with your payment 15 days prior to the event. If you are requesting tax exempt status, please submit a copy of your 501 c 3. Fill out this form as you want it to appear on your permit. **An incomplete form will not be processed for a permit. Please enclose a copy of your entire menu.** Please note that our temporary fees have changed due to severe budget cuts. Fees are now $50.00 per event.

OWNERSHIP INFORMATION	
Facility:	Owner's Name:
Address:	
City: ST: ZIP:	Owner's Cell Phone:

Ownership Legal Type: □ Association □ Corporation □ Individual □ Partnership □ Non-Profit (*please include 501c3)*

Other *(please specify)*

MANAGEMENT INFORMATION	
Person in Charge has the oversight of a zone, district or region.	
Name of person in Charge:	Title:
	Telephone:
Operator has oversight of the preparation or serving of food at the establishment.	
Name of Operator:	Title:
	Telephone:
Enclose copies with application	
Name(s) of Certified Food Handler(s):	Date of Exam:
MAILING ADDRESS	
Address for correspondence, including application or email address if you prefer:	□ Please send all future correspondence via email

Name:		
Email Address:		
Address:		
City:	ST:	ZIP:

The Undersigned Hereby applies for a permit to operate a Food Service Establishment pursuant to Decatur County Ordinance 2006-4. The undersigned hereby attests to the accuracy of the information provided in this application and affirms that the undersigned will comply with the ordinance and allow the Decatur County Health Official full access to the establishment.

Signature of Applicant(s): _____

Printed Name of Applicant(s): _____

*****PLEASE ENCLOSE A COPY OF YOUR MENU AND FOOD HANDLER CERTIFICATION*****

Please make check payable to:

Decatur County Health Department