

YEAR _____

**GRANT COUNTY HEALTH DEPARTMENT
GRANT COUNTY COMPLEX
401 SOUTH ADAMS STREET
MARION, IN 46953**

(765) 651-2401 ext 3123 or 3111 PHONE / (765) 651-2419

**PERMIT APPLICATION FOR
NON-PROFIT ORGANIZATION FOOD BOOTH / TRAILER**

**Tax Exempt ID # _____
501 (c) (3), 501 (c) (4), 501 (c) (8) or (10), 501 (c) (19)**

NAME OF ORGANIZATION: _____

ORGANIZATION'S MAILING ADDRESS: _____

NAME OF ORGANIZATION PRESIDENT / HEAD OF THIS EVENT:

PHONE # OF ORGANIZATION OR PRESIDENT: _____

NAME OF THIS EVENT: _____

DATE OF THIS EVENT: _____

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MENU OF ITEMS SERVED AT THIS EVENT:

_____	_____
_____	_____
_____	_____