

**Application for Temporary Food Permit**  
**Hancock County Health Department**  
111 American Legion Place, Greenfield IN 46140  
Phone: 317-477-1125; Webpage: hancockcoingov.org

**Name of Establishment/Business:** \_\_\_\_\_

**Owners of Establishment /Business: Name(s)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Set up location:** \_\_\_\_\_ **Date of Event:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time Ready for Inspection** \_\_\_\_\_ **am** \_\_\_\_\_ **pm** **Day of Setup (circle):** M T W TH F SA SU

**Contact Person Working at Unit-Name:** \_\_\_\_\_ **Phone:(\_\_\_\_)** \_\_\_\_\_

**Type of Structure:**  Trailer  Tent  Inside Building  Other \_\_\_\_\_

**Type of Water Service**  Tank  Hose from approved Source  Other \_\_\_\_\_

**Type of Wastewater Disposal**  Holding Tank  Provided on Site

**Type of Power Source:**  Will plug into direct source  Generator

**Type of Handwashing:**  Sink  Thermos w/spigot

**Type of Dishwashing**  3-Comp. Sink  Tubs/Buckets

**\*\*\*Name of Certified Food Handler (if applicable):** \_\_\_\_\_

**General List Foods to be prepared, sold, or served** \_\_\_\_\_

**Location of Commissary if foods are made before the event:** \_\_\_\_\_

Permit Fee: Temporary-1 Event- **\$60.00 Fee and application must be submitted 24 hours prior to operation.**

**\*\*A late fee of \$20.00 will be charged if not submitted 24 hours prior to operation.**

Applications and Permit Fees can be submitted by mail or in our office during normal business hours: Monday through Friday 8:00 am to 4:00 pm. We do not accept debit or credit cards.

Applicants Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Office Use Only**

**Permit#:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

11/09/20