JASPER COUNTY HEALTH DEPARTMENT

CHRISTOPHER LOUCK, M.D.

910 SOUTH SPARLING AVENUE, SUITE 1

RENSSELAER, IN.47978

PHONE: 219-866-4917 FAX: 219-866-4108

**SEASONAL FOOD SERVICE ESTABLISHMENT APPLICATION**

**Please complete the following in its entirety and submit 2 weeks prior to event!**

Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Events or Operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Locations of Events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A SEPARATE PERMIT IS REQUIRED FOR EACH UNIT THAT OPERATES!!**

Type of Set-Up: Trailer\_\_\_ Booth\_\_\_\_ Tent\_\_\_\_

List the food being sold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include a copy of your Serv Safe Certificate!!!**

Seasonal Permit Fee: $80.00 and a copy of your driver’s license

Not-for-Profit Exempt- No Fee -Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the one applies to your facility:

Sewage Disposal: Public Private

Water Supply: Public Private

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Internal Use Only

Permit #\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #\_\_\_\_\_\_\_\_\_\_\_\_ Check/MO/CC\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued\_\_\_\_\_\_\_\_\_\_