ORANGE COUNTY HEALTH DEPARTMENT

APPLICATION FOR SEASONAL FOOD VENDORS

Mail application to: Orange County Health Department, 205 E Main Str., Suite 9, Paoli, IN 47454

FEE: PER SEASONAL $50.00 / PER STAND

* Fees are non-refundable
* $20.00 delinquent fee for stands opened without permit

*This application is good for any festival/event in Orange County*

**PLEASE PRINT CLEARLY**

Name of Event(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Event Starts and Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Booth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE A COPY OF CURRENT FOOD PERMIT IF NOT FROM ORANGE COUNTY**

Non-Profit Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (No Fee)

Name of Certified Food Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please have a copy of the certificate available during inspection. Not applicable for nonprofit organizations operating less than 15 days a year.

**Attach a Menu (List all items served or sold)**

This permit is good for 6 months or 180 calendar days.

Note: Temporary Food Establishment shall comply with the provisions as set out in 410 IAC 7-24

 410 IAC 7-22 and the Orange County Food Ordinance 2014-5.

Permit is valid only for the above specified event and valid for no more than 15 consecutive days.

Signature of Owner/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner or Manager signifies that the above information is true and correct to the best of his/her knowledge.

For office use only: Receipt# \_\_\_\_\_\_\_\_\_\_ Date Payment Received: \_\_\_\_\_\_\_\_\_\_ Permit #\_\_\_\_\_\_\_\_\_\_