

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

RULE 410 IAC 7-26 DEFINES ANY FOOD SERVICE, RETAIL FOOD SERVICE, OR MOBILE FOOD SERVICE ESTABLISHMENT THAT OPERATES AT ONE LOCATION FOR A PERIOD NOT TO EXCEED 14 CONSECUTIVE DAYS AS A TEMPORARY FOOD ESTABLISHMENT.

TEMPORARY PERMIT \$30

THE FOLLOWING MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED 2 WEEKS PRIOR TO EVENT

ESTABLISHMENT INFORMATION

BUSINESS NAME:

BUSINESS ADDRESS:

MAILING ADDRESS (IF DIFFERENT):

OWNER / OPERATOR NAME:

BUSINESS PHONE NUMBER:

ALTERNATIVE PHONE NUMBER:

E – MAIL ADDRESS:

BUSINESS TYPE:

☐ FOOD TRAILER

☐ FOOD TENT

EVENT DATE:

WATER & WASTE COMPLIANCE

WATER SUPPLY:

☐ PUBLIC

☐ PRIVATE

☐ OTHER:

WASTE DISPOSAL:

☐ PUBLIC SEWER

☐ PRIVATE

☐ OTHER:

ALL APPLICATIONS MUST INCLUDE:

☐ MENU

☐ SERV SAFE CERTIFICATE

☐ MOST RECENT FOOD INSPECTION REPORT

ACKNOWLEDGMENT AND CERTIFICATION

BY SIGNING BELOW, I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT A PERMIT IS REQUIRED AND THAT I MUST COMPLY WITH THE COUNTY OF PULASKI, STATE OF INDIANA, AS OUTLINED IN THE TERMS AND DEFINITIONS OF RETAIL FOOD ESTABLISHMENT ORDINANCE NO. 2006 – 1, AS AMENDED.

OWNER / OPERATOR

DATE

FOR INTERNAL USE ONLY

PERMIT #: _____

DATE ISSUED: _____

RECEIPT #: _____

PAID: \$ _____ ☐ CASH ☐ CHECK/MO ☐ DEBIT/CREDIT

(574) 946 – 6080

125 S Riverside Drive – Winamac, IN 46996

(219) 567 – 2175

101 Constitution Drive – Francesville, IN 47946

www.in.gov/localhealth/pulaskicounty/