



Permit # _____

Tipton County Health Department

Temporary Food Establishment Permit Application

- Applications **MUST BE** submitted **10 days prior** to the event . . . no exceptions.
- Permit fee **MUST** be paid at time application is submitted.
- Incomplete applications will be returned and will **NOT** be processed.
- Vendors who have not obtained a permit prior to the event will be asked to leave.
- Vendors who have more than one booth at an event **MUST** obtain a permit for each booth.

Business Name _____

Menu Items _____

Person in Charge _____

Certified Food Manager (**MUST** provide a copy of certification) _____

Name of Owner _____

Address of Owner _____

Owner's Phone # _____ Owner's Email _____

Festival Name/location _____
Date of operation _____
Starting/Ending times _____

*Types of **Temporary** Permits: (check one)*

- _____ One (1) to Three (3) Consecutive Days \$30.00
- _____ Four (4) to Fourteen (14) consecutive Days \$60.00
- _____ No Fee Permit (Only Not For Profit) \$0

*Types of **Seasonal** Permits: (check one)*

- _____ 3 Month Seasonal \$75.00
- _____ 6 Month Seasonal \$105.00
- _____ 9 Month Seasonal \$135.00

The undersigned applies for a license to operate a temporary food service establishment pursuant to retail food establishment requirements in 410 IAC 7-24. The undersigned certifies receipt of the guidelines for operation and that the establishment will be operated and maintained in accordance with these conditions.

Owner or Operator's Signature _____

Please include a check or money order with this application made out to Tipton County Health Department, and mail it to Tipton County Health Department, 101 E. Jefferson St., Tipton, IN 46072. Questions? Call 765-675-8741, opt. 4.