Not For Profit Registration

TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT Washington County Health Department 806 Martinsburg Rd. Suite 100 Salem, IN 47167

Phone: 812-883-5603 ext. 2003 Fax: 812-883-5017

Dogistration:	Not for Profit	Tax
Registration.	Registration:_	

COPY OF CERTIFICATE MUST BE ATTACHED OR ON FILE AT HEALTH DEPT.

NAME OF ORGANIZATIO	N:							
PROPOSED LOCATION/EVENT:		CITY/VILL.	CITY/VILLAGE:		COUNTY:			
LOCAL PHONE NO.:	PROPOSED DATE(S) OF	ROPOSED DATE(S) OF OPERATION:						
LIST ALL FOODS AND BI	EVERAGES OFFERED TO	THE PUBLIC:						
OWNER'S NAME/CONTA	CT PERSON:	ORGANIZATIO	ON'S LOCAL	ADDRESS:				
OWNER S NAME/CONTA	CTTERSON.	ORGANIZATIO	ORGANIZATION'S LOCAL ADDRESS:					
I hereby certify that the fo Information is accurate an	0 0	Fax Number:	Fax Number: (Required to fax signed copy back to you)					
Signature of Owner or Authorized Agent : Ti		Title:	Phone:	Phone:				
ADDRESS:		Date:	Date:					
Not for profit organizations more than 15 days per year, has prepared a food item is County Health Department avoid the potential for fo questions by calling 812-88.	(2) members of the organizattached to the container is recommends that all required odbourne illness. Environments	zation prepare the in which the food direments appropriate appropriate appropriate are a	food, (3) the ritem has been ate to your evailable to a	name of each placed. The vent be in o	member who e Washington compliance to			
	DO NOT WRIT	TE BELOW THIS L	INE					
SIGNATURE OF HEALTH DEPARTMENT REPRESENTATIVE:		Da	Date:					
THIS SPACE FOR LOCAL	HEALTH DEPT. USE:		1					
Signed copy given to applica By:	(Date)	Picked Up	F	axed	Mailed			