



Registration Application For
 A Temporary Health Permit
 Fee: **\$15.00**
 Benton County Health Dept.
 706 E. 5th Street Suite 12 Fowler, IN 47944
 Phone: (765) 884-1728

For office use only:
 Payment: _____
 Receipt: _____
 Date: _____
 Permit # _____ Expires: _____
 Fax: (765) 884-2072

Application is, hereby made for a temporary permit to operate. By this application, it is agreed that the establishment will comply with the provisions of Indiana State Board of Health Rule 410 IAC 7-24 and local Health Department food service sanitation requirements. It is further agreed that said establishment shall be open to inspection by the Benton County Health Department.

For a period of no more than 14 consecutive days in conjunction with a single event or celebration. The permit is to be posted in a conspicuous place in your establishment during the event.

Please send \$15.00 permit fee with application to above address: make checks or money order payable to the Benton County Treasurer

PLEASE COMPLETE:

ESTABLISHMENT OWNER INFORMATION

Establishment Owner's Name _____ Telephone _____
 Mailing Address: _____
 Email Address: _____
 Telephone Number _____ Fax Number _____

ESTABLISHMENTS' INFORMATION

Establishment Name: _____
 Number of persons working in the
 Establishment: _____
 Event Location _____
 Event Contact Person _____
 On Site Supervisor: _____
 Name of Certified Food Handler: _____
 Email Address: _____
 Days and Hours of Operation: _____
 Location of Off-Site Prep and/or Storage Unit _____ Off-Site Catering Yes No
 Food to be served: _____

 Original Signature of Applicant

 Date: (month, day, Year)

 Signature of Sanitarian

 Date (month, day, year)