

TEMPORARY HEALTH PERMIT APPLICATION

Benton County Health Department
706 E. 5th Street Suite 12
Fowler, IN 47944
Phone (765) 884-1728 Fax (765) 884-2072
E-mail:
ksarault@bentoncounty.in.gov

Payment Received \$ _____
Receipt # _____
Date _____
Permit # _____
Expiration Date _____

Application is hereby made for a permit to operate a temporary food establishment. By this application, it is agreed that the establishment will comply with the provision of the Indiana State Board of Health rule 410IAC7-24 and the Benton County Health Department food service requirements. It is further agreed that the establishment will be open to inspection by the Benton County Health Department.

The permit fee is \$15.00 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 mail the permit fee along with the application form to the above address. Make the check or money order payable to the **BENTON COUNTY HEALTH DEPARTMENT**

Establishment Name _____

Owner's Name _____

Manager's Name _____

Mailing Address _____

E-mail Address _____

Number of Persons Working in Establishment (including owners/managers) _____

Telephone Number _____ Fax Number _____

Event _____ Lot # _____

Menu Items (include items such as iced tea, fountain pop, pre-packaged items) _____

Days and Hours of Operation _____

Applicant Signature _____ Date _____

Sanitarian/Health Inspector _____ Date _____