



TEMPORARY FOOD SERVICE APPLICATION FORM

Decatur County Health Department
 801 N. Lincoln Street
 Greensburg IN 47240
 (812)663-8301 Fax (812)663-4174

Please send this form along with your payment on or before January 1, 2014. If you are requesting tax exempt status, please submit a copy of your 501 c 3. Fill out this form as you want it to appear on your permit. Applications that are not received **7 days** prior to the event will not be processed. Please enclose a copy of your entire menu. **Temporary Permits are \$15 for each event.**

Facility Name (As it will appear on permit)		Phone () _____ Fax () _____
Facility Address:	City: _____ Zip Code: _____	E-mail: _____ Website: _____

Event (Fall Festival, Fair, etc.) _____

OWNERSHIP INFORMATION

Owner's Name: _____	Owner's Phone () _____
Address: _____	Owner's Cell Phone () _____
City: _____ ST: _____ ZIP : _____	Owner's Email _____

MANAGEMENT INFORMATION

<i>Person in Charge has the oversight of a zone, district or region.</i> Name of person in Charge:	Title: _____ Telephone: _____
<i>Operator has oversight of the preparation or serving of food at the establishment.</i> Name of Operator:	Title: _____ Telephone: _____
<i>Enclose copies with application</i> Name(s) of Certified Food Handler(s):	Date of Exam:

The Undersigned Hereby applies for a permit to operate a Food Service Establishment pursuant to Decatur County Ordinance 2006-4. The undersigned hereby attests to the accuracy of the information provided in this application and affirms that the undersigned will comply with the ordinance, and allow the Decatur County Health Official full access to the establishment.

Signature of Applicant(s): _____

Printed Name of Applicant(s): _____

Office Use Only

***** Please enclose copies of menus and food handler certifications. *****