

Cass County Health Department  
Food Permits  
512 High St.  
Logansport, IN 46947-1580



**Application For Permit To Operate  
A Temporary Retail Food Establishment**

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 provisions of the Indiana State Department of Health Rule 410 IAC 7-20, and Cass County Retail Food Establishment Ordinance 2004-01. It is further agreed that the establishment shall be open to inspection daily by agents of the Cass County Health Department. ***THIS PERMIT IS NOT TRANSFERABLE!*** It is issued only to the person named on the permit. You must fill out this form completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE of \$20.00 per each day** of the intended operation (up to a maximum of \$100.00 per event) must be returned to the Cass County Health Department **NOT LESS THAN FIFTEEN (15) DAYS PRIOR TO THE FIRST DAY OF THE INTENDED OPERATION.**

Non-profit organizations are exempt from the permit fee and inspection requirements with proof of non-profit status.

**Vendor's Business Name:** \_\_\_\_\_

The name commonly used or known, or the "doing business as" name. If individual, use individual name.

**Complete Mailing Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the vendor may be reached.

**Business Telephone:** \_\_\_\_\_

Number which will reach someone responsible for the business.

**Operator's Name:** \_\_\_\_\_

The person who owns the temporary business. In a small business this may be the same as manager.

**Person-in-Charge:** \_\_\_\_\_

The person responsible for the on-site operation and is available on-site during the operation.

**Name Of Event:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Menu (Food) To Be Served (be complete!):** \_\_\_\_\_

**Location Of Event (Directions):** \_\_\_\_\_

**Location Of Food Preparation:**  on-site  other location... **Start time of event** \_\_\_\_\_

**If other, specify the food source:** \_\_\_\_\_

All food served must come from an inspected and approved source.

**How Will You Dispose Of Waste Water?**  holding tanks  public utility

**Certified Food Handler** \_\_\_\_\_

(Send a copy of their certificate with this application. **Without this certification, permits will not be issued**)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The person who fills out the application needs to sign it.

**Do Not Write Below This Line. For Official Use Only.**

Vendor ID Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date Expires: \_\_\_\_\_