



# Cass County Health Department

www.co.cass.in.us

Environmental Health

574.753.7760

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Public Health  
Prevent. Promote. Protect.

## Application For Temporary Food Establishment Permit

Temporary Food Permit	\$20.00	per day per unit
Multi Event Temporary	\$100.00	over 5 days per unit
Commissary	\$100.00	
Mobile Food Permit	\$100.00	
Farmers Market	\$25.00	

Complete all information and return no later than 15 days before the scheduled event

Name of Temporary Event:

Event Location:

Dates of Event:

Hours of Operation:

Name of Stand:

Manager's Name:

Owner's Name:

Telephone Number:

Mailing Address:

E-mail Address:

City:

State:

Zip Code:

**Provide Copy of Certified Food Handler Certificate**

Location of Commissary:

Address:

City:

Provide Copy of County Health Dept. Permit

Have arrangements been made with the

Event Coordinator? YES \_\_\_\_\_ NO \_\_\_\_\_

List Food(s) to be Served:

Sewage Disposal: City \_\_\_\_\_ Private \_\_\_\_\_

Water Source: City \_\_\_\_\_ Private \_\_\_\_\_

I hereby certify that the above information is correct and that the food service facilities will be maintained in compliance with the Cass County Food Ordinance, 410 IAC 7-24 and all other applicable state and local codes.

I understand that the food establishment permit is not transferable or refundable.

I will keep the permit posted on the above mentioned premises in a conspicuous location.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Permit Issued \_\_\_\_\_

Permit Approved \_\_\_\_\_

Permit Number \_\_\_\_\_

Environmentalist \_\_\_\_\_

Check No. or Cash \_\_\_\_\_

Amount Paid \_\_\_\_\_

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

Date Received \_\_\_\_\_