

Application for Temporary Food Service Permit

For Profit Food Service \$40.00

Non Profit Food Service Free

Name of Temporary Food Service Unit: _____

Name of Event: _____

Location of Event (Address): _____

City _____ State _____ Zip _____

Date(s) of Event: _____

Owner Name: _____

Owner Mailing Address: _____

City _____ State _____ Zip _____

Email Address: _____

Signature of Applicant: _____

Please mail payment and application to

Randolph County Health Department

325 S. Oak St., Suite 202

Winchester, IN 47394

765.584.1155

Receipt # _____ Date _____ Amount _____