

WELLS COUNTY HEALTH DEPARTMENT

223 W. Washington, Suites 200-209, Bluffton, IN 46714

Phone: 260-824-6489 • Fax: 260-824-8803

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

PERMIT FEE - \$5.00 PER DAY OF OPERATION FOR EACH UNIT

Establishment Name:	Phone:		
Address:	City	State	Zip
Mailing Address:	City	State	Zip
Fax:	E-Mail:		

Establishment is owned by: An Individual A Corporation Partnership Association LLC, Limited Liability Company LLP, Limited Liability Partnership Other _____

List ALL persons/entities comprising legal ownership below: (Attach additional sheet, if necessary)

Name:	Title:		
Address:	City	State	Zip
Name:	Title:		
Address:	City	State	Zip
Name:	Title:		
Address:	City	State	Zip

Resident Agent:	Phone:		
Address:	City	State	Zip

Operator:	Phone:		
Home Address:	City	State	Zip

Food being served:

Tax ID Number if non-profit _____

Name of Certified Food Handler _____

Water Supply: Municipal Private Well

Will water be supplied through food grade hoses holding tank other _____

Specify method of wastewater disposal: _____

FOR OFFICE USE: Date Issued _____ By _____ Date Permit Mailed _____

Signature of Environmental Health Specialist

(OVER)

Date

LIST EVENTS YOU WILL BE ATTENDING

FOR OFFICE USE

<u>Name of Event</u>	<u>Location of Event</u>	<u>Dates of Operation</u>	<u>Hours of Operation</u>	<u>Permit No.</u>

NOTE: It is the responsibility of the food establishment owner/operator to obtain and submit applications on time. Food Establishments found in operation without a permit for the event **will be closed** until a permit is obtained. Payment of fees is not transferable or refundable.

Wells County Ordinance No. 2007-19 states:

- 1. A separate permit shall be required for each Bed and Breakfast Establishment and/or Food Establishment operated or to be operated by any person.**
- 2. No permit issued to any Operator under this ordinance shall be transferable between locations or between operators. Upon change of location, operator or owner, all existing permits become void.**

Late applications will result in a fine of \$20.00 per day

By signing below,

- I/we agree to abide by all provisions set forth in the Wells County Food Ordinance No.2007-19 and the provisions set forth by Retail Food Establishment Sanitation Requirements 410 IAC 7-24;
- I/we attest that all information provided is true and correct;
- I/we will allow the Wells County Health Department access to the establishment and records as specified by 410 IAC 7-15.5 and 410 IAC 7-24.

Printed Name of Owner/Operator Title

Signature of Owner/Operator Date