

WELLS COUNTY HEALTH DEPARTMENT

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

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

APPLICATION FOR FOOD VENDING PERMIT PERMIT FEE - \$20.00 PER LOCATION, MAX \$100.00

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

Correspondence regarding your business should be sent to:

Name _____ Street _____ City _____ State _____ Zip _____

How many vending machines do you operate/service/supply that dispense potentially hazardous or perishable food/beverage products: _____

(Permits are only required for machines that dispense potentially hazardous food.)

Person responsible for maintaining machines: _____ Phone: _____

******The back side of this form must be completed with machine locations******

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

Signature of Environmental Health Specialist

Date

Number of Machines	Name & Location (address)	Food Dispensed

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