

WELLS COUNTY HEALTH DEPARTMENT

223 W Washington Street Bluffton, IN 46714

260-824-6489 * www.wellscounty.org/health

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

\$5.00 PER DAY

Establishment Information:

Name of Establishment: _____

Address: _____

Street

City

State

Zip

Phone: _____ Fax: _____ Email: _____

Owner Information:

Name of Owner/Corporation: _____

Address: _____

Street

City

State

Zip

Phone: _____ Email: _____

Name & Location of Event: _____

Date(s) of Event: _____

****Please list types of Food to be served or attach copy of current menu****

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.

Signed: _____ Date: _____

Print: _____ Title: _____

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

Date Permit Mailed _____ Rec'd in person _____