

WELLS COUNTY HEALTH DEPARTMENT

223 W Washington Street Bluffton, IN 46714

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

APPLICATION FOR FOOD VENDING PERMIT

\$20.00 PER LOCATION, MAX \$100.00

Establishment Information:

Name of Establishment: _____

Address: _____
Street City State Zip

Phone: _____ *Fax:* _____ *E-Mail:* _____

Owner Information:

*Name of
Owner/Corporation:* _____

Address: _____
Street City State Zip

Phone: _____ *E-Mail:* _____

Correspondence regarding this establishment should be sent to:

Name: _____ *Title:* _____

Address: _____

Phone: _____ *E-Mail:* _____

Person responsible for maintaining machines: _____

Phone: _____ E-Mail: _____

The back side of the form must be completed with locations of ALL machines selling potentially hazardous food.

Vending Application cont.

Add additional pages if needed

Number of Machines	Name & Location (address)	Food Dispensed

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

- I 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 attest that all information provided is true and correct.
- I 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 *Title:*

Signature *Date:*
10/2022