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*:_____

Owner Information:

Name of Owner/Corporation:_____

Address:_____
Street City State Zip

Phone:_____ E-*Mail*:_____

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Name of Event:_____

Date(s) of Event:_____

Please list types of Food to be sold 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.