

# TEMPORARY FOOD APPLICATION

Whitley County Health Department  
220 W. VanBuren Street, Suite 106  
Columbia City, Indiana 46725  
Phone: 260-248-3121 – Fax 260-248-3129

Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Manager of Establishment \_\_\_\_\_

**ALL PERMITS MUST BE ACQUIRED PRIOR TO OPENING ANY FOOD CONCESSION**

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## TEMPORARY

Fee - \$20 for Each Day of Operation or \$20 per Event, not longer than 5 consecutive days.

Date of Issue \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

List of all Foods to be served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Certified Food Safety Handler \_\_\_\_\_

Which Program Attended \_\_\_\_\_

Date of Certification \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**BRING OR SEND THIS APPLICATION TO THE HEALTH DEPT. TO RECEIVE PERMIT**  
**ALL PERMITS MUST BE ACQUIRED PRIOR TO OPENING ANY FOOD CONCESSION**