

WELLS COUNTY HEALTH DEPARTMENT

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

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

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

PERMIT FEE - \$5.00 PER DAY OF OPERATION FOR EACH UNIT

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

Food being served:

Tax ID Number if non-profit _____

Name of Certified Food Handler _____

Water Supply: Municipal Private Well

Will water be supplied through food grade hoses holding tank other _____

Specify method of wastewater disposal: _____

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

Signature of Environmental Health Specialist

Date

(OVER)

