

# 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

(OVER)

Date

