

Vanderburgh County Health Department

420 Mulberry Street
Evansville IN 47713-1231

(812) 435-5695 **Phone** (812) 435-5871 **Fax**

APPLICATION FOR 2016 FOOD PERMIT

Establishment Type: TEMPORARY FOOD SERVICE and/or TEMPORARY FOOD MARKETS

Note: All fields must be completed.

Facility Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** _____ **Fax:** _____

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Owner Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** _____ **Fax:** _____

Email: _____

Which address should the PERMIT be mailed to: **Facility:** ____ **Owner:** ____

Which address should FUTURE APPLICATIONS be mailed to: **Facility:** ____ **Owner:** ____

Manager Name: _____ **Business Hours:** _____

Certified Food Service Employee: _____

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

LOCATION OF EVENT: _____

TEMPORARY FOOD SERVICE ESTABLISHMENT and/or TEMPORARY FOOD MARKETS

\$10.00 a day up to a \$30.00 maximum

# of days		X \$10.00 = Fee:	\$	
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Amount of Fee Submitted: \$ _____

Method of Payment: Cash ____ Check ____ Money Order ____ Credit Card ____

Cash or Card payments accepted in person at the Environmental Division, 3rd floor, VCHD.
Credit and debit card payments are assessed a convenience fee, minimum \$3.95 or 2.5% of pmt.
Picture ID is required and must match the name on card.

SIGNATURE: _____ **DATE:** _____