

**Vigo County Health Department**  
**147 Oak Street, Terre Haute, Indiana 47807**  
**812-462-3281 Attn: Vicky**  
**2015 Temporary Food Permit Application**

We accept cash, cashier's check and money orders ONLY – No personal checks or credit cards.

- Applications must be received at least 15 days prior to the event
- Applications received 14 to 8 days prior to event will be charged a \$100.00 late fee
- Applications received 7 days or less prior to event will be denied a Food Permit

**Event Information:**

Name of Your Establishment: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

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

Date(s) of the Event: \_\_\_\_\_

Event Coordinator/Main contact person for this event: \_\_\_\_\_

Types of food you will be serving: \_\_\_\_\_

\_\_\_\_\_

**Name and Address of Your Establishment's Owners:**

Owner/Organization Name: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: (         ) \_\_\_\_\_ Cell: (         ) \_\_\_\_\_

**YOU MUST SEND A COPY OF YOUR CERTIFIED FOOD HANDLER WITH THIS APPLICATION and it must be available at the establishment during the event.** State code requires that a Certified Food Handler must be on staff. Please check which of the following test was taken:

- Certified Professional Food Manager     Food Safety Manager Certification Examination     ServSafe

Name of person who took the test: \_\_\_\_\_ Date test was taken: \_\_\_\_\_

Please choose one:

- Resident of Vigo County . . . . . \$40.00 per day (\$80.00 maximum)
- Non-Resident of Vigo County . . . . . \$40.00 per day (\$100.00 maximum)
- Non-Profit Organization: No Fee

I attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Vigo County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

\_\_\_\_\_  
Signature of Owner or Manager    Date    \$ \_\_\_\_\_  
Amount Enclosed

For Health Dept Use Only:

Permit #: T2015- \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_