

# TEMPORARY FOOD LICENSE APPLICATION

GRANT COUNTY HEALTH DEPARTMENT

401 S. Adams Street ♦ Marion, IN. ♦ 46953

Phone: (765) 651-2401 ext. 111 or 123 Fax: (765) 651-2419

Website Address: www.grantcounty.net

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

Concession Name: \_\_\_\_\_

Concession Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certified Food Handler: Name \_\_\_\_\_ Issued date: \_\_\_\_\_

Type of Unit (check all that apply): ☐ Mobile ☐ Trailer ☐ Stand ☐ Tent ☐ Cart ☐ Truck

Water Supply: ☐ Public ☐ Private (well) ☐ Bottled Water

*(If using a private well we need a copy of your most recent water test report from a certified lab)*

Sewage Disposal: ☐ Public ☐ Private (septic system)

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MENU (Items being sold at this event) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVENTS (List all events in Grant County)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEES: ☐ \$60.00

METHOD OF PAYMENT: ☐ Cash ☐ Check ☐ Debit/Credit ☐ Money Order

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## \*\*\*\*IMPORTANT REMINDERS\*\*\*\*

- 1) You must purchase a food license at least 10 days in advance of the event. Failure to do so will result in an additional \$50.00 late fee.
- 2) A copy of the Certified Food Handler (CFH) certificate must be attached to this application.
- 3) Complete all sections of this application. Failure to do this may delay the licensing process.

