

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)

FEE: \$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.

