

YEAR \_\_\_\_\_

GRANT COUNTY HEALTH DEPARTMENT  
GRANT COUNTY COMPLEX  
401 SOUTH ADAMS STREET  
MARION, IN 46953  
(765) 651-2401 ext 123 or 111 PHONE / (765) 651-2419

PERMIT APPLICATION FOR  
**NON-PROFIT** ORGANIZATION FOOD BOOTH / TRAILER

Tax Exempt ID # \_\_\_\_\_  
501 (c) (3), 501 (c) (4), 501 (c) (8) or (10), 501 (c) (19)

NAME OF ORGANIZATION: \_\_\_\_\_

ORGANIZATION'S MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME OF ORGANIZATION PRESIDENT / HEAD OF THIS EVENT:

\_\_\_\_\_

PHONE # OF ORGANIZATION OR PRESIDENT: \_\_\_\_\_

NAME OF THIS EVENT: \_\_\_\_\_

DATE OF THIS EVENT: \_\_\_\_\_

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MENU OF ITEMS SERVED AT THIS EVENT:

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