

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:**

_____	_____
_____	_____
_____	_____