

Spencer County Health Department

200 Main Street, Rm 2
Rockport, IN 47635
Telephone: 812-649-4441
Fax: 812-649-2928

Email: kstallings@spencercountyhealth.com

Please fill out the form in its entirety and return to the Spencer County Health Department with the applicable fee to the above address two (2) weeks prior to booth set up

APPLICATION FOR FOOD PERMIT

TEMPORARY FOOD SERVICE

Note: All fields must be completed

Facility Name: _____

Address: _____ Email _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Owner Name: _____

Address: _____ Email _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Which address should the PERMIT be mailed to: Facility _____ Owner _____

Which address should FUTURE APPLICATIONS be mailed to: Facility _____ Owner _____

Manager/Responsible Person Name: _____

Certified Food Safety Employee: _____ Date of Certification _____

NAME OF EVENT: _____

DATE(S) OF EVENT: _____ LOCATION OF EVENT: _____

EVENT COORDINATOR: _____ CELL # _____

FEE: \$10.00 a day with a \$50.00 max

Amount of Fee Submitted: \$ _____

Method of Payment: Cash _____ Check # _____ Money Order _____

Cash will only be accepted in person at the Spencer County Health Department, Rm 2.

SIGNATURE: _____ DATE: _____

Receipt # _____