Spencer County Health Department

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

APPLICATION FOR TEMPORARY FOOD VENDOR LICENSE 201__

Name: _____

Address of Owner:

Street: _____

City/State/Zip: _____

Phone Number of Owner: (____)_____

List ***event and event date*** that you plan to attend in Spencer County

_____

Menu:

_____

_____

Organizer of the event: _____

Phone number of event organizer: _____

Address of event:

Street: _____

City: _____

Date of Application: _____ Signature of Applicant: _____

Fee: $50.00
After July 1st Fee: $25.00

NOTE: If the license is to be ***returned by mail,*** **PLEASE ENCLOSE A STAMPED, SELF ADDRESSED ENVELOPE** along with your check made payable to the **SPENCER COUNTY HEALTH DEPARTMENT.**