

Application for Temporary Food Permit
Hancock County Health Department
111 American Legion Place, Greenfield IN 46140
Phone: 317-477-1125; Webpage: hancockcoingov.org

Name of Establishment/Business: _____

Owners of Establishment /Business: Name(s) _____

Address: _____ **Phone:** _____
(Street) (City) (State) (Zip)

Event Name and location: _____ **Date of Event:** ____/____/____

Time Ready for Inspection _____ **am** _____ **pm** **Day of Setup (circle):** M T W TH F SA Su

Contact Person Working at Unit _____

Name

Phone

Type of Structure: Trailer Tent Inside Building Other _____

Type of Water Service Tank Hose from approved Source Other _____

Type of Wastewater Disposal Holding Tank

Type of Power Source: Will plug into direct source Generator

Type of Handwashing: Sink Thermos w/spigot Urn

Type of Dishwashing 3-Comp. Sink Tubs/Buckets

*****Name of Certified Food Handler (if applicable):** _____

General List Foods to be prepared, sold, or served _____

Permit Fee: Temporary-1 Event- **\$60.00** *Fee and application must be submitted 24 hours prior to operation.*

****A late fee of \$20.00 will be charged if not submitted 24 hours prior to operation.**

Applications and Permit Fees can be submitted by mail or in our office during normal business hours: Monday through Friday 8:00 am to 4:00 pm. We do not accept debit or credit cards.

Applicants Printed Name: _____ Signature: _____

Date: _____

Office Use Only

Permit#: _____

Date Issued: _____

Date Received: _____

Check Number: _____

11/19/2019