

**Switzerland County Health Department
1190 W. Main Street
P.O. Box 14
Vevay, IN 47043
Ph: (812) 427-3220 Fax: (812) 427-0235**

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Application and fee (\$25.00) must be submitted to the Switzerland County Health Department at least 2 weeks prior to intended date of operation.
It is important that you fill out the information below exactly as you wish it to appear on your permit.

Applicant information:

Date of application _____ Name of applicant: _____
Establishment or organization _____
Establishment or organization address _____
City, State, Zip _____ Establishment phone# _____
Mobile Phone # _____ E-mail _____
Name of event _____ Dates / times of operation _____

Facility Information (place a check next to your answer):

Type of structure: Trailer Tent Cart Inside Building
Type or power source: Will plug into source Generator None needed
Type of handwashing: Sink Thermos with spigot Urn Other
Type of dishwashing: 3-compartment sink Tubs/bucket Other

Certified Food Handler documentation must be provided at time of inspection. Please provide the following information:

Name of certified food handler _____ Certificate Number _____
Certification expiration date _____ Type of Certification _____
410 IAC 7-24 requires a food establishment employ a certified food handler based on menu/operation.

Food product Information (this area must be completed. A separate sheet may be attached).

List all food and beverages to be prepared and served: _____
List food items that will be prepared at other locations and brought to event: _____
List the location at which above listed foods will be prepared: _____

Applicant's Signature: _____ Date: _____

***** For Office Use Only*****

Receipt # _____ Date: _____