

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

**2023 APPLICATION FOR TEMPORARY / MOBILE FOOD ESTABLISHMENT PERMIT**

Application and fee must be submitted to the Switzerland County Health Department at least **7 days 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 \_\_\_\_\_ Phone# \_\_\_\_\_

E-mail \_\_\_\_\_ Event/ Dates of operation \_\_\_\_\_

**FEES are established as follows:**

\_\_\_\_\_ \$25.00 for 1 to 2 events, or  
\_\_\_\_\_ \$75.00 for 3 or more events

**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

*Please attach copy of menu or list items on separate sheet of paper*

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

Name of certified food protection manager \_\_\_\_\_ Certificate Number \_\_\_\_\_

Certification expiration date \_\_\_\_\_ Company providing Certification \_\_\_\_\_

*410 IAC 7-24 requires a food establishment employ a certified food protection manager based on menu/operation.*

**Please submit a copy of your certificate.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

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

Receipt # \_\_\_\_\_ Check# \_\_\_\_\_ Date: \_\_\_\_\_