

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

2022 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 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. Please submit a copy of your certificate.

Applicant's Signature: _____ Date: _____

Amount Enclosed: _____

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

Receipt # _____

Check# _____

Date: _____