

Henry County Health Department

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Public Health
Prevent. Promote. Protect.

Temporary Food Establishment Permit Application

Name of Event: _____

Starting Date _____ Starting Time _____ Ending Date _____ Ending Time _____

Location/Address of Event: _____

Event Coordinator Name and Contact Information: _____

Common Name of Your Establishment: _____

Owner/Corporation Name: _____

Owner/Corporation Mailing Address: _____

Owner/Corporation City, State, Zip Code, _____

Owner/Corporation Telephone: _____

(Please list menu items here)

Please provide the following requested information:

1. Source of Water Supply _____
2. Method of Liquid Waste Disposal _____

_____ _____ _____ _____ _____ _____ _____

Required Permit Fee:

\$15.00 for each day of operation	\$	(list total amount enclosed here)
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I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. The \$15.00/day fee must be submitted along with this application at least 7 days prior to the event starting date. Make checks payable to "HENRY COUNTY HEALTH DEPARTMENT". Be advised that this fee is required for permit issuance and is non refundable. It is unlawful to operate a food establishment within Henry County without a valid permit. Issued permits are non transferable and must be posted in a conspicuous place within the establishment during all hours of operation.

Signature _____ Date _____

For Office Use Only

Receipt/Permit Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date _____