

TEMPORARY FOOD SERVICE APPLICATION

JOHNSON COUNTY HEALTH DEPARTMENT
86 West Court Street, Franklin IN 46131
(317)346-4366 FAX (317)736-5264



\$30.00 PER EVENT FOR 14 DAYS OR LESS

(NON-REFUNDABLE FEE)

TODAY'S DATE: _____

EVENT NAME: _____ **Location:** _____

Start Date: _____ **End Date:** _____ **Date if only a (1) day event:** _____

EVENT ORGANIZER NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

BUSINESS NAME TO APPEAR ON PERMIT: _____

NAME OF CERTIFIED FOOD HANDLER: _____

PARTICIPANT NAME: _____ **PHONE** _____

PARTICIPANT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____ **PHONE:** _____

E-MAIL ADDRESS: _____

ADDRESS WHERE PERMIT IS TO BE MAILED: _____

MENU INFORMATION (list menu items giving detailed information):

SIGNATURE:

Must be signed in ink by applicant: _____

Owner / Manager

PAYMENT INFORMATION

Please make checks or money orders payable to Johnson County Health Department

We now accept VISA / MASTER CARD as payments

NAME ON ACCOUNT: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

EXPIRATION DATE: _____ **V-CODE:** _____