

**TEMPORARY FOOD SERVICE APPLICATION**

JOHNSON COUNTY HEALTH DEPARTMENT  
86 West Court Street, Franklin IN 46131  
(317)346-4365 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:** \_\_\_\_\_

**Please call the office to pay via Visa/Master card**

**EXPIRATION DATE:** \_\_\_\_\_ **V-CODE:** \_\_\_\_\_