

**STARKE COUNTY HEALTH DEPARTMENT**  
**53 East Washington Street**  
**Knox, IN 46534**  
**Ph:(574) 772-9137**

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT TO OPERATE A  
FOOD ESTABLISHMENT AS DEFINED IN: TITLE 410 I.A.C. 7-24**

**The undersigned hereby makes application to operate a  
TEMPORARY FOOD ESTABLISHMENT from date of:**

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Location or event where food is to be sold or served:** \_\_\_\_\_

\_\_\_\_\_

**Location where food is to be prepared:** \_\_\_\_\_

**MENU:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: AS OF 1-1-2005 INDIANA REQUIRES AS PER 410 IAC 7-22 ALL FOOD ESTABLISHMENTS (UNLESS EXEMPT BY MENU OFFERING) TO HAVE A CERTIFIED FOOD HANDLER ON STAFF. YOU MUST ATTACH A COPY OF THE VALID CERTIFICATION DOCUMENT FOR THE DESIGNATED CERTIFIED FOOD EMPLOYEE OF YOUR FACILITY. A PERMIT WILL NOT BE ISSUED WITHOUT PROOF OF THIS CERTIFICATION! 30 DAYS PRIOR TO EVENT (410 IAC 7-24-107) SUBMIT THIS COMPLETED APPLICATION ALONG WITH CASHIER'S CHECK or MONEY ORDER FOR PERMIT FEE TO THE STARKE COUNTY HEALTH DEPARTMENT at the above address**  
**NO PERSONAL CHECKS WILL BE ACCEPTED!**  
**\$35.00 for 1-3 DAY EVENT or \$50.00 for 4-14 DAY EVENT**

**I agree to abide by all provisions set forth in 410 I.A.C. 7-24 and am aware this temporary food establishment is subject to inspection by the STARKE COUNTY HEALTH DEPARTMENT**

Signed \_\_\_\_\_  
PRINTED \_\_\_\_\_ WRITTEN \_\_\_\_\_  
DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_