

Rush County Health Department

101 E 2nd Street, Rm 105

Rushville, IN 46173

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Temporary Food Establishment Permit Application

Name of Event: _____

Starting Date and Time: _____ Ending Date and 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:

\$35.00 a day after 3 days \$100.00 event

\$

(list total amount enclosed here)

I/we attest that the above information is accurate to my/our knowledge currently. I/we further agree to comply with all applicable Rush County, Indiana ordinance and laws to include allowing the Rush County Health Department access to the establishment as required. The \$35.00/day fee must be submitted along with this application at least seven (7) days prior to the event starting date. Make checks and money orders payable to 'Rush 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 Rush 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.

(REQUIRED UNDER 410 IAC 7-22)

Name of Certified Food Handler _____ Date Expires _____

Signature:

Date:

For Office Use Only:

Payment Received date

Permit/Receipt Number

Expiration Date of Permit

Date Permit Issued