

ORANGE COUNTY HEALTH DEPARTMENT

APPLICATION FOR FOOD VENDORS

Mail application to: Orange County Health Department, 205 E Main Str., Suite 9, Paoli, IN 47454

FEE: PER EVENT \$20.00 / PER STAND

- Fees are non-refundable
- \$20.00 delinquent fee for stands opened without permit

This application is good for any festival in Orange County

PLEASE PRINT CLEARLY

Name of Event: _____

Date Event Starts and Ends: _____

Name of Booth: _____

Contact person: _____

Mailing Address: _____

Phone: (_____) _____ Cell: (_____) _____

How long have you been in business? _____ Number of employees: _____

Non-Profit Organization: _____ (No Fee)

Honorable Discharged Veteran _____ (No Fee) IC 25-25-2-1

MUST enclose a copy of Letter of Discharge or pay fee

Name of Certified Food Handler: _____ Expiration Date: _____

Please have a copy of the certificate available during inspection. Not applicable for nonprofit organizations operating less than 15 days a year.

Menu (List all items served or sold)

When will you be set up and ready for inspection? Date _____ Time _____

Note: Temporary Food Establishment shall comply with the provisions as set out in 410 IAC 7-24 410 IAC 7-22 and the Orange County Food Ordinance 2014-5.

Permit is valid only for the above specified event and valid for no more than 15 consecutive days.

Signature of Owner/Manager: _____ Date: _____

Signature of Owner or Manager signifies that the above information is true and correct to the best of his/her knowledge.

For office use only: Receipt# _____ Date Payment Received: _____ Permit # _____