Madison County Health Department

Madison County Government Center Annex
206 East Ninth Street
Anderson, Indiana 46016 - Phone 641-9523

Permit Application (Temporary)

Please type or print clearly and complete each blank

Establishment Name _____

Name of Owner _____

Address of Home Base of Operation _____

_____

Mailing address _____

_____

Phone No. (Business/Home) Owners (____)_____

Type of Facility: Mobile Unit ____ Stand/Tent/Bldg. ____

List Menu Items _____

_____

_____

Fee for operating temporary food establishment in Madison County
(To be collected at time of inspection)

6 months or less - **Permit fee: $25.00**
(more than one event)
14 days or less - **Permit fee: $15.00**
(in conjunction with an event)

List scheduled operations locations in Madison County (daily routes, events, fairs, festivals)

_____ _____ _____

_____ _____ _____

Owner's or Operator's Signature _____

DO NOT SEND APPLICATION OR MONEY THROUGH THE MAIL.

*We will not be issuing the permit until we have actually seen and inspected your particular unit and have found that you meet all requirements required for a temporary food establishment.
xxxxxxxxxxxxxxxxxxxxxxFOR OFFICE USE ONLYxxxxxxxxxxxxxxxxxxxxx (F27A)

Date of Approval _____ Approved by _____

Date Permit Issued _____ Permit Number _____

Office Code Number _____ Priority List _____