

**TEMPORARY - PERMIT ORGANIZATION
FOOD OPERATION APPLICATION**

Organization _____
Name _____ Phone Number _____

_____ Mailing Address _____

Name of Temporary Event _____

Event Contact Person _____

Date(s) of Food Operation _____ to _____

Foods to be Served _____

Food Prep and/or Storage Off Site _____ Yes _____ No

I have read, understand and agree to comply with the rules and regulations established by the Dubois County Board of Health Ordinance No. 2004-2 and 2005-2.

Dubois County Health Department recommends following the rules stated in TITLE 410 IAC 7-24.

Organization Official _____
(Print Name)

(Signature)

(Title)

(Date)

For Office Use:
Permit Number _____