

**Office Use:**  
Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

**Morgan County Health Department**  
180 S. Main St., Ste. 252, Martinsville, IN 46151  
765-342-6621

**Application for Temporary Food Establishment Permit**

Your permit will not be issued unless the form is filled out correctly and in its entirety.

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

**Certified Food Handlers Name and Date of Expiration** \_\_\_\_\_

**Note:** Include copy of certificate.

Location(s) of temporary establishment/festival names and dates: \_\_\_\_\_

Permit Fee Paid: \_\_\_\_\_

As of January 1, 2005, the State of Indiana requires that at least one person per establishment, who oversees food safety operations, be a "Certified Food Handler", which means that a person in your food service establishment must pass an examination that meets the standards established by the Conference for Food Protection. Please bring or mail a copy of the person's certificate for your establishment so that it may be included in our files. An updated list of class providers is available at <http://www.in.gov/isdh/files/certificationrule.pdf>.