

WABASH COUNTY HEALTH DEPARTMENT

Environmental Food Specialist

89 West Hill Street, Wabash, Indiana 46992

(260) 563-0661 x 1249 or 1283; Fax (260) 563-6082

rmofield@wabashcounty.in.gov OR lellis@wabashcounty.in.gov

ANNUAL PERMIT - EVENT REMINDER

Wabash County requires **7 days** notice prior to each event. If the information is not received by that time, the permit will not be valid and a penalty of **\$50.00** will be imposed. Please contact our office with the following information by: **PHONE, FAX or E-MAIL.**

CONCESSION NAME: _____

OWNER NAME: _____ PHONE: (_____) _____

ITEMS SOLD: _____

(1)

EVENT:				START DATE:		STOP DATE:	
LOCATION:			ADDRESS:				
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							

(2)

EVENT:				START DATE:		STOP DATE:	
LOCATION:			ADDRESS:				
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							

(3)

EVENT:				START DATE:		STOP DATE:	
LOCATION:			ADDRESS:				
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							

(4)

EVENT:				START DATE:		STOP DATE:	
LOCATION:			ADDRESS:				
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							

A person may not operate a food service establishment without first having registered with the **Wabash County Health Department**, as required under IC 16-42-6.

You may make copies of this form or print from our website: foodservices.wabashcounty85.us