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 <u>7 days</u> notice prior to each event. If the information is not received by that time, the permit will not be valid and a penalty of <u>\$50.00</u> 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:	ADDRESS:			
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							
(2)							
EVENT:				START DATE:		STOP DATE:	
LOCATION:			ADDRESS:	1			
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							
(3)						•	
EVENT:				START DATE:		STOP DATE:	
LOCATION: ADDRESS				<u> </u>			
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SET-UP TIME							
START TIME							
STOP TIME							
(4)							
EVENT:				START DATE:		STOP DATE:	
LOCATION: ADDR			ADDRESS:	_ L			
	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.