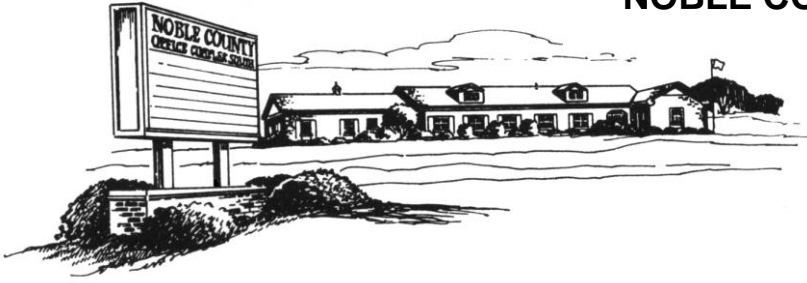


NOBLE COUNTY HEALTH DEPARTMENT



2090 N. State Road 9, Suite C
Albion, Indiana 46701

Telephone: (260) 636-2191
Fax: (260) 636-2192
Clinic/Nurse: (260) 636-2978
Clinic Fax: (260) 636-3753

APPLICATION FOR TEMPORARY/MOBILE FOOD SERVICE PERMIT

Please complete the information requested and return at least 14 days prior to event with the required fee of \$10.00 per day or \$35.00 per continuous operation for the event attending, payable to the **Noble County Health Department**. *NOTE: Permits purchased after 14 days will be charged \$10.00/day up to \$100.00 maximum.* This license is **not** transferable and must be displayed in accordance with the Noble County Retail Food Ordinance.

Name of Food Operation _____

Food Operator Owner _____

Owner Address _____

City, State, Zip Code _____

Phone No. _____ Fax No. _____

Location of Event _____

Date of Event _____ Time Event Begins/Ends _____

List all foods items to be served at this event, including all drinks served (including consumable water and ice sources, if applicable):

Location of Previous Event _____

Location of Next Event _____

Date

Applicant's Signature

Receipt No. _____

Issued _____