

ADAMS COUNTY

REGISTRATION FORM FOR TEMPORARY FOOD ESTABLISHMENTS

Name of establishment _____

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Cell Number _____

Name of Festival or Event _____

Festival Date (s) _____

Type of food to be served _____

Amount Enclosed (\$25.00 a day) _____

Make checks payable to Adams County Health Department

Mail to: Adams County Health Department
Attn: Stacey
313 W. Jefferson St. Room 314
Decatur, IN 46733

If you have any questions please call 260-724-5326