

ADAMS COUNTY

REGISTRATION FORM FOR TEMPORARY FOOD ESTABLISHMENTS

Name of establishment_____

Owner's Name_____

Address_____

City_____ State_____ Zip Code_____

Phone No._____ Cell #_____

Name of Festival or Event_____

Festival Date (s)_____

Type of food to be served _____

Amount Enclosed (\$25.00 a day)_____

Make check or money order 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