

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