



**Marshall County Food Service Establishment Ordinance No. 2002-02** states, in part, "It shall be unlawful for any person to operate a food-service establishment, mobile food-service establishment or temporary food-service establishment in Marshall County, who does not possess a valid permit from the Health Officer. Only persons who comply with the applicable requirements of this ordinance shall be entitled to receive and retain such a permit."

Currently, the license fee for temporary food-service units for 2-15 days is fifty (\$50.00) dollars per event, twenty-five (\$25.00) for one day events. If you have any questions, please contact our office at (574)935-8565.

**PERMITS MUST BE OBTAINED PRIOR TO THE EVENT. NO PERMITS WILL BE ISSUED AT THE EVENT.**

Applications are now online at [WWW.CO.MARSHALL.IN.US](http://WWW.CO.MARSHALL.IN.US) use online services and pay with a credit card.

**TEMPORARY FOOD PERMIT/LICENSE**  
**(Incomplete forms will NOT be accepted)**

EVENT \_\_\_\_\_ DATES OF EVENT: \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

PROVIDE COPY OF FOOD HANDLER CERTIFICATE: YES OR NO (circle one)

PROPOSED FOOD ITEMS \_\_\_\_\_

**ALL FOOD ITEMS MUST BE PREPARED ON-SITE OR IN A LICENSED FOOD ESTABLISHMENT. IF THE FOOD IS PREPARED OFF SITE PRIOR TO THE EVENT, YOU MUST PROVIDE A COPY OF THE RETAIL FOOD ESTABLISHMENT PERMIT AND A COPY OF AN AGREEMENT WITH THE PERMITTED KITCHEN.**

Location of any Off-Site Prep and/or Licensed Kitchen:

Name: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PROVIDE A COPY OF COUNTY HEALTH DEPARTMENT FOOD ESTABLISHMENT PERMIT: YES OR NO (circle one)

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

I/WE HEREBY MAKE APPLICATION TO OPERATE A FOODSERVICE ESTABLISHMENT IN ACCORDANCE WITH PROVISIONS OF RULE 410 IAC 7-24 AND MARSHALL COUNTY ORDINANCE 2002-02 AND ALL OTHER APPLICABLE STATE AND LOCAL CODES.

OWNER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (required) \_\_\_\_\_

**RETURN TO: MARSHALL COUNTY HEALTH DEPARTMENT**  
510 W ADAMS STREET GL-30  
PLYMOUTH, IN. 46563  
Phone: 574-935-8565