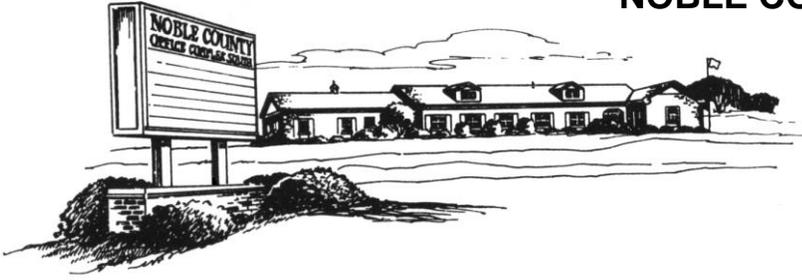


NOBLE COUNTY HEALTH DEPARTMENT



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 NON-PROFIT ORGANIZATION FOOD VENDOR REGISTRATION

As a non-profit organization that operates less than fifteen (15) calendar days in a year, you are **not** required to be permitted. However, if a food borne illness should occur, an investigation would be better accomplished if all vital information regarding foods served at this event were documented. Therefore, please fill out and return this application to the Health Department.

Name of event/festival _____

Date of event _____ Time event begins/ends _____

Location of event _____

Name of Organization _____

Organization's Business Address _____

Organization's Person In Charge of this event _____

Telephone Number for Person In Charge _____

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

_____	_____
_____	_____
_____	_____
_____	_____

DATE: _____

Office use: issued _____