

Montgomery County Health Department

1580 Constitution Row

Phone: 765-364-6440

Crawfordsville, IN 47933

Fax: 765-361-3239

TASTE of Montgomery County 2026

APPLICANT INFORMATION

Establishment's name: _____

Date of Event: _____

Location Address of Event: _____

Owner's Name: _____

Owner's Address: _____

City: _____

St: _____

Zip: _____

Phone: _____

Name of Person-in-Charge at the event (for your establishment): _____

Name of Certified Food Handler: _____

FOOD PRODUCT INFORMATION

Please List ALL FOODS AND BEVERAGES to be served: _____

Please list ALL MENU ITEMS that will be prepared at another location and brought to the event: _____

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____