

# Boone County Health Department

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www.boonecounty.in.gov

Environmental Health  
765-483-4458  
765-483-5243 Fax



Nursing & Vital Records  
765-482-3942  
765-483-4450 Fax

**Public Health**  
Prevent. Promote. Protect.

## Application For Temporary Food Establishment Permit

Temporary Food Permit	\$70.00	___	per event per unit
Multi Event Temporary	\$210.00	___	over 3 events per unit
Commissary	\$100.00	___	
Mobile Food Permit	\$140.00	___	
Farmer's Market	\$70.00	___	for the season

Complete all information and return no later than **10 days** before the scheduled event

Name of Temporary Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Name of Stand: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Provide Copy of Certified Food

Location of Commissary:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Provide Copy of County Health Dept. Permit

List Food(s) to be Served:

Sewage Disposal: City \_\_\_\_\_ Private \_\_\_\_\_

Water Source: City \_\_\_\_\_ Private \_\_\_\_\_

I hereby certify that the above information is correct and that the food service facilities will be maintained in compliance with the Commissioner's Ordinance 2011-11, 410 IAC 7-24 and all other applicable state and local codes.

I understand that the food establishment permit is not transferable and will be kept posted on the above mentioned premises in a conspicuous location.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Permit Issued \_\_\_\_\_

Permit Approved \_\_\_\_\_

Permit Number \_\_\_\_\_

Environmentalist \_\_\_\_\_

Check No. or Cash \_\_\_\_\_

Amount Paid \_\_\_\_\_

ID Number \_\_\_\_\_

Date Received \_\_\_\_\_