

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
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BOONE COUNTY
HEALTH DEPARTMENT

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 Pre-Packaged	\$50.00	_____	
Mobile Cook/Serve	\$140.00	_____	
Farmer's Market	\$70.00	_____	
Multi Farmer's Market	\$140.00	_____	

Complete all information and return no later than 5 days before the scheduled event

Name of Temporary Event: _____

Event Location: _____	Dates of Event: _____	Hours of Operation: _____
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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 Handler Certificate

Location of Commissary: Address: _____ City: _____ Provide Copy of County Health Dept. Permit	Have arrangements been made with the Event Coordinator? YES _____ NO _____
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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 2016-05, 410 IAC 7-24 and all other applicable state and local codes.
 I understand that the food establishment permit is not transferable or refundable.
 I understand that fees associated with the application and permit are non-refundable.
 I will keep the permit posted on the above mentioned premises in a conspicuous location.

Signed _____ **Title** _____ **Date:** _____

For Office Use

Permit Issued _____	Receipt Number _____
Permit Number _____	Amount Paid _____
Check No./Cash/Charge _____	*** If you would like to use a Charge Card please contact the office.