

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



BOONE COUNTY
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

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:

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:

Have arrangements been made with the
Event Coordinator? YES _____ NO _____

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 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.