Boone County Health Department

116 W. Washington Street - Lebanon, IN 46052
www.boonecounty.in.gov/health

Environmental Division
Suite B201
(765) 483-4458
(765) 483-5243 Fax

Nursing & Vital Records Division
Suite B202
(765) 482-3942
(765) 483-4450 Fax

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 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 Handler Certificate

Location of Commissary:
Address:
City:
Provide Copy of County Health Dept. Permit

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

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 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 Only

Permit Issued _____ Permit Approved _____

Permit Number _____ Environmentalist _____

Check No. or Cash _____ Amount Paid _____

ID Number _____ Date Received _____