BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov

ENVIRONMENTAL DIVISION
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BOONE COUNTY HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
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Application for 2021 Food Establishment Permit

Name of Business:	**Telephone Number:**
Physical Location:	**Fax Number:**
Mailing Address:	**Email Address:**
City: State: Zip Code:	Emergency (After Hours) Telephone Number:
Hours: Mon_____ Tues_____ Wed_____ Thur _____ Fri_____ Sat_____ Sun_____	***** We require an attached copy of your Menu and Certified Food Handler certificate if not exempt by menu.
Manager's Name:	
Owner's Name:	**Telephone Number:**
Mailing Address:	**Fax Number:**
City:	State: Zip Code:
Sewage Disposal: City _____ Private _____	**Water Source:** City _____ Private _____

Menu Type _____ **Permit Fee $**_____

(Please see back of form for Appendix A)

***Late fees for all Establishments will be $100.00 if the permit is renewed after January 1st.**
(Excluding new establishments)

Send correspondence to: (check one) **(1) Business Address** _____ **(2) Owner's Address** _____

I hereby certify the above information is correct and the food service facility will be maintained in compliance with the Commissioner's Ordinance 2016-05.

I understand the food establishment permit is non- transferable and will be kept posted on the above mentioned premises.

I understand that any fees associated with the application and permit are non-refundable.

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

[For Office Use Only]

Permit Issued _____ Receipt Number _____

Permit Number _____ Amount Paid _____

Check No/Cash/Change_____ ***If you would like to use a Charge Card, please contact the office.