

# 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**  
**(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 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:** \_\_\_\_\_

**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 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.