

TEMPORARY

Food Service Permit Application – 2016

Lake County Health Department

APPLICATIONS MUST BE RECEIVED A MINIMUM OF 10 DAYS PRIOR TO THE EVENT

Food Service Name: _____

Business Owner: _____ Phone No.: _____

Mailing (Street): _____

Mailing (City / Town): _____ (State): _____ (Zip): _____

Tax Exempt No.: _____

LIST THE EVENTS FOR WHICH YOU ARE REQUESTING A PERMIT(S)
(PERMIT FEE IS \$10.00 A DAY UP TO \$30.00 PER EVENT PER STAND)

Please Note: Out of State/County vendors must provide last inspection from commissary/kitchen where food is prepared and stored and complete contact information

Name of Event

Location

Event Date/Time

1. _____

LIST ONLY ONE EVENT PER APPLICATION*

LIST KINDS OF FOODS THAT WILL BE PREPARED AND SERVED

1. _____ 5. _____ 8. _____

2. _____ 6. _____ 9. _____

3. _____ 7. _____ 10. _____

Is food prepared on-site? (Yes/No) If no, name of commissary & address: _____

ON THE REVERSE SIDE OF THIS FORM DRAW THE EQUIPMENT LAY-OUT PLAN FOR THIS TEMPORARY STAND

Applicant's Signature: _____

PRINT Applicant's Name: _____

PERMIT MUST BE POSTED VISIBLY IN THE STAND

(Do not write in this space)

(FOR HEALTH DEPARTMENT USE ONLY)

Fee Due: _____ Fee Paid: _____ Date Paid: _____ Permit No.: _____

Mail fee and completed application to: LAKE COUNTY HEALTH DEPARTMENT
2900 W. 93RD AVENUE
CROWN POINT, IN 46307

REVIEWED BY (SANITARIAN): _____

NOTE: CASH/BUSINESS CHECK/MONEY ORDER ONLY (NO PERSONAL CHECKS)