

TEMPORARY

Food Service Permit Application – 2025 Lake County Health Department

APPLICATIONS NOT RECEIVED 10 DAYS PRIOR TO EVENT WILL BE CHARGED A DOUBLE FEE!

****OFFICE HOURS FOR ISSUING PERMITS: 8:30AM – 4:00PM****

Food Service Name: _____

Business Owner: _____ Phone No.: _____

Mailing (Street): _____

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

Not-For-Profit(501 C) No.: _____ Email: _____

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 & Address

Date/Time

LIST ONLY ONE EVENT PER APPLICATION

LIST KINDS OF FOODS THAT WILL BE PREPARED AND SERVED

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Is food prepared & stored on-site?(Yes/No) If Yes, daily receipts for food/supplies must be available at event.

If No, list 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) – NO REFUNDS