

# TEMPORARY

## Food Service Permit Application – 2024 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(501C) 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 & 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. 93<sup>RD</sup> AVENUE  
CROWN POINT, IN 46307

REVIEWED BY (SANITARIAN): \_\_\_\_\_

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

