



Temporary Food Service Permit Application

Lawrence County Health Department

2419 Mitchell Road

Bedford, IN 47421

Fax: 812-275-1094

Phone: 812-275-3234

For Office Use Only	
Permit # _____	Receipt # _____
Date sent _____	By _____
Type of pmt _____	Amt _____

Name Of Establishment		Establishment address		Establishment e-mail address	
Establishment fax #		Establishment phone #		Establishment emergency phone #	
Establishment Status: <input type="checkbox"/> New Unit <input type="checkbox"/> Existing Unit					
Owner's name		Owner's address		Owner's phone #	
Owner's e-mail address					
Contact person		Name of person in charge at the event (for your establishment)		Name of certified food handler:	
				Date certified:	
				Certificate #	
Name of Event:		Location of Event:		Dates of event:	
				Total days of operation:	
Total number of employees: (include individuals working at the event)					
Type of Structure: <input type="checkbox"/> Trailer <input type="checkbox"/> Tent <input type="checkbox"/> Booth <input type="checkbox"/> Inside Building <input type="checkbox"/> Other _____					
Type of water service: <input type="checkbox"/> Tank <input type="checkbox"/> Hose from approved source <input type="checkbox"/> Other _____					
Do you have a Backflow Prevention Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable					
Type of power source: <input type="checkbox"/> Will plug into direct source <input type="checkbox"/> Generator <input type="checkbox"/> LPG <input type="checkbox"/> Other _____					
Type of handwashing: <input type="checkbox"/> Sink <input type="checkbox"/> Thermos w/spigot <input type="checkbox"/> Urn <input type="checkbox"/> Other: _____					
Type of dishwashing: <input type="checkbox"/> 3-Compartment sink <input type="checkbox"/> Tubs/Bucket <input type="checkbox"/> Other: _____					
List foods & beverages to be prepared, sold or served and brought to event:					
List ALL MENU ITEMS that will be prepared at another location & brought to event:					
List the location at which the above-listed foods will be prepared:					

Temporary Permit Fee Schedule	Fee	Number of days	Total	I certify that all information provided herein and on any attachments are true and correct. I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents. X _____ Signature of person completing application Title (must be signed in ink)
1 st day	\$10.00			
Each additional, consecutive day	\$5.00			
Late fee (paid < 3 days before event)	\$100.00			
Applications not received 3 days prior to the event will be subject to a late fee.		Total fee		

No checks. Money order or cashier check preferred.