



# 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 _____

Establishment name		Establishment address/city/state/zip	
Establishment phone #		Establishment e-mail address	Emergency phone #
Owner's name		Owner's address/city/state/zip	
Owner's phone #		Owner's e-mail address:	
Person in charge at event (if different from owner):		Name of Certified Food Manager: Course (ex: ServSafe, Prometric): Certificate # _____ Expires: _____	
Name of Event:		Location of Event:	Event date(s): # days operating:
Approx. set-up date/time:	Event Coordinator (ex: who invited you?): Phone # or email:		
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 brought, prepared, sold or served at the event (regardless of whether there is a charge) (ATTACH ADDITIONAL SHEET, IF NEEDED):			
List the date and time the above-listed foods will be prepared (if different from set-up time above):			
List FOOD ITEMS prepared at another location & brought to the event ( <u>COMMISSARY INFORMATION REQUIRED</u> ):			

Temporary Permit Fee Schedule	Fee	Number of days	Total
1 <sup>st</sup> day	\$ 10.00		
Each additional, consecutive day	\$ 5.00		
Late fee < 3 business days before event*	\$100.00		
*Applications not received and paid at least 3 business days prior to the event will be subject to the \$100.00 late fee per county fee ordinance 2006-03.		Total fee	

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)

X \_\_\_\_\_  
 Printed name of person signing application

8/1/2022

- **No Credit Card or Pay-by-Phone payment option • No Checks accepted**
- **Money order /Cashier check made payable to Lawrence County Health Department**
- **Applying in office is drop-off ONLY • DO NOT BRING or SEND CASH**
- **Provide a self-addressed stamped return envelope if the permit requires mailing.**