TEMPORARY

Food Service Permit Application – **2025** Lake County Health Department

	OFFICE HOURS F	OR ISSUING PERMITS: 8:30	AM – 4:00PM
Food Service Name:	41	· · ·	
Business Owner:	Phone No.:		Phone No.:
Mailing (Street):			
Mailing (City / Town):		(State):	(Zip):
Not-For-Profit(501 C) No	LIST THE EVENTS FO	Email: DR WHICH YOU ARE REQUESTIN 00 A DAY UP TO \$30.00 PER EVE	
Please Note: Out of Stat		t provide last inspection from co	
prepared and stored and	l complete contact info	ormation	~
Name of Event		Location & Address	Date/Time
			·
	UST ON	ILY ONE EVENT PER APPLICATI	
		ODS THAT WILL BE PREPARED	
1	4		
		7	
2	5		·
3	6	g	
s food <u>prepared & store</u>	<u>d</u> on-site?(Yes/No) If `	Yes, <u>daily receipts</u> for food/supp	blies must be available at event
If No, list name of comm	nissary & address:		
ON THE REVERSES		AW THE EQUIPMENT LAY-OUT	DI AN FOR THIS TEMPORARY
		AVV THE EQUIFIVIENT LAT-OUT	T LANT ON THIS TENT ONANT
Applicant's Signature:			
	::		
PRINT Applicant's Name		BE POSTED VISIBLY IN THE ST	AND
PRINT Applicant's Name		(Do not write in this space)	
PRINT Applicant's Name	(FOR H	(Do not write in this space) EALTH DEPARTMENT USE ONI	.Y)
	-	EALTH DEPARTMENT USE ONI	
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