

LaGrange County Health Department
www.lagrangecounty.com
304 N. Townline Rd. - Ste #1
LaGrange, IN 46761
260-499-4182 ext 6
cchivers@lagrangecounty.org

**Application For A Food Permit
As Required By Ordinance No. 1989-12-18A**

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Permit No: _____ For Year Of: _____ Township: _____

Name of Establishment: _____

Mailing Address: _____

Location: _____

Owners Name: _____

Person In Charge: _____

Phone: (Work) _____ (Fax) _____

Seating Capacity: _____

Status: (Check all that apply) New Owner: _____ Annual License: _____
Food Service Est: _____ Retail Food Est: _____ Mobile Unit: _____
Carry-Out Est: _____ Locker Plant: _____ Bed & Breakfast: _____
Temporary Food Est: _____ Limited Service: _____

Winter Hours: _____

Summer Hours: _____

Temporary Dates: _____

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Permit Fee: _____ Late Fee: _____ Total due: _____

Date Received: _____ Receipt No: _____

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NOTICE TO APPLICANT

Yearly Permits are for the Period From January 1 to December 31 of the year.
An additional 25% is added if your Application is submitted after December 31.

Seasonal Permits are for the period from April 1 to December 31. An additional 25% is added if your application is submitted after April 30.

Temporary Permits are for 1-3 days or 4-14 days. Applications need to be submitted 5 days in advance of the event.

**** CREDIT FOR PAYMENT CANNOT BE GIVEN WITHOUT THIS FORM ****