



APPLICATION FOR AGRICULTURAL LABOR CAMP PERMIT

State Form 50508 (R2 / 2-23)
INDIANA DEPARTMENT OF HEALTH
IC 16-41-26

- INSTRUCTIONS:**
1. *Mail Application to:*
Indiana Department of Health
Attention: Environmental Public Health
2 North Meridian Street, Section 7D
Indianapolis, IN 46204-3006; or
 2. *Fax Application to:* 317/233-7047
 3. *Direct questions to:* 317-233-7177

Camp Owner Information

Name _____

Business Name _____

Address _____

(Town or City)

(State)

(ZIP Code)

(Area Code and Telephone Number)

(County)

Email Address

Camp Information

Crew Leader _____

Name of Camp _____

Location of Camp _____

(Town or City)

(County of Camp)

Expected Date of Occupancy (*month, day, year*) _____ Expected Date of Closing (*month, day, year*) _____

Number of Occupants Last Year _____ Expected Number of Occupants this Year _____

Sewage Disposal _____ Water Supply _____
(Public or On Site) (Public or Well)

Mortgage Holder

Operator Information

Name _____

Name _____

Address _____

Address _____

City & State _____

City & State _____

ZIP Code _____

ZIP Code _____

Telephone ____ (____) _____

Telephone ____ (____) _____

Note: The owner (Deed holder) is responsible for operation of this facility in compliance with IC 16-41-26 and 410 IAC 6-9. All Permits issued pursuant to IC 16-41-26 expire May 1 following the date of issue.

Date (*month, day, year*) _____ **Owner's Signature** _____

INCOMPLETE OR INACCURATE APPLICATIONS WILL BE RETURNED.