APPLICATION FOR AGRICULTURAL LABOR CAMP PERMIT
State Form 50508 (R / 4-11)
INDIANA STATE DEPARTMENT OF HEALTH
IC 16-41-26

INSTRUCTIONS:  1. Mail Application to:
   Indiana State Department of Health
   Attention: Environmental Public Health
   2 North Meridian Street, Section 5E
   Indianapolis, IN 46204-3006; or
   2. Fax Application to: 317/233-7047
   3. Direct questions to: 317-233-7811

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

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.*