



# 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.\*