



Porter County Health Department

Permit Application for Temporary Food Vendor

Permit Year: _____

Temporary Food Establishment – means a retail food establishment that operates at a fixed location for a period of time not more than 14 consecutive days in conjunction with a single event or celebration.

In accordance with Ordinance #13-12, passed by the Porter County Board of Commissioners on October 15, 2013, the temporary permit fee for Retail Food Establishments in Porter County is as follows:

Permit Fee: \$20.00 per day with a \$100.00 maximum per scheduled event

Please complete this application and return it with the appropriate permit fee to: **Porter County Health Department • Porter County Administration Building • 155 Indiana Avenue Suite 104 • Valparaiso IN 46383**

A Temporary Food Establishment Permit and receipt will be mailed to you once the application and the appropriate permit fee has been received. The Temporary Food Establishment Permit **must** be posted on the premises.

Event Information

Name of Event: _____

Location of Event: _____

Dates and Hours of Operation: _____

Event Coordinator Name: _____ Phone: _____

Event Coordinator's E-mail Address: _____

Establishment and Owner Information

Establishment Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Water Source: (one) ___ Municipal ___ Private/Well Wastewater Disposal: (one) ___ Municipal ___ Private/Septic

Type of Business/Ownership: (one) Individual Partnership Corporation Members

Nonprofit Exempt-No Fee-Federal Tax ID Number: _____

Owner(s) Name/Organization Name: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Certified Food Handler's Name: _____ Expiration Date: _____

Provide copy of Certification with Food Permit Application

(This Certification is required for one employee. Some exemptions are allowed. See Title 410 IAC 7-22-15(g) at www.in.gov.)

Commissary or Base of Operation

Mobile unit operators, temporary food vendors and farmers market food vendors without a locally licensed retail food establishment must have a licensed commissary or base of operation from which to operate. This would include a fully equipped and licensed mobile unit.

If own an out-of-county or out-of-state food establishment provide a copy of your Food Establishment Permit/License with this permit application. If using a licensed food establishment not owned by you provide copies of a Commissary Agreement and the Commissary's Food Permit/License with this Permit Application.

Complete the Commissary Information if different than Establishment Information provided above.

Name of Commissary: _____

Address: _____

City, State and Zip Code: _____

Phone #: _____ Fax #: _____

Water Source: (one) ___ Municipal ___ Private/Well Wastewater Disposal: (one) ___ Municipal ___ Private/Septic

CONTINUE ON BACK

Establishment Name: _____

Facility Information (√ all that apply)

Type of Structure: ___ self-contained mobile unit ___ booth ___ tent ___ pushcart ___ inside building

___ other (describe): _____

Power Source: ___ will plug into source ___ generator ___ not needed

Hand washing: ___ sink ___ thermos with spigot ___ urn ___ other (describe): _____

Dishwashing: ___ 3-compartment sinks ___ tubs/buckets ___ back at Commissary/Licensed Food Establishment

Potable Water Source: ___ Commissary/Licensed Food Establishment ___ approved onsite water source
___ bottled water

Wastewater Disposal: ___ Commissary/Licensed Food Establishment
___ approved onsite sewage system or receptacles

Food Product Information

List all food and drinks to be served/sampled: _____

List food items that will be prepared at the Commissary/Licensed Food Establishment and brought to the event: _____

Applicant's Signature: _____ Amount Enclosed: \$ _____

Notes:

➤ **Permit Fees are Non-Refundable and Permits are Non-Transferable.**

➤ **Types of Payment Accepted:**

- **Cash**
- **Money Order**
- **Check**
- **Credit or Debit Card – Our office cannot accept credit/debit card payments by telephone.**

Porter County Health Department
Porter County Administration Building
155 Indiana Ave Suite 104
Valparaiso, IN 46383
Ph. (219) 465-3525
Fax. (219) 465-3531
www.porterco.org/foods

For Office Use	Number of Days: _____ Paid by: (√ one) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> CC/BC Check/Money Order #: _____ Date Fee Paid: _____ Processed by: _____ Amount Paid: \$ _____ Receipt #: _____ Receipt Book #: _____ Permit #: _____
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