



## Porter County Health Department

### Annual Retail Food Establishment Permit Application

Permit Year: \_\_\_\_\_

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

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

#### **Establishment Information**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Water Source: ( **one**) \_\_\_ Municipal \_\_\_ Private/Well Wastewater Disposal: ( **one**) \_\_\_ Municipal \_\_\_ Private/Septic

Establishment Type: \_\_\_\_\_

**(Examples restaurant, convenience store, grocery store, bakery, mobile unit)**

Permit Type: ( **one**)  Full Service Square Footage: \_\_\_\_\_

**Or**

Limited (**Prepackaged Only**)

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](http://www.in.gov).)

#### **Owner Information**

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

Nonprofit Exempt-No Fee-Federal Tax ID Number: \_\_\_\_\_

Owner(s) Name/Organization Name: \_\_\_\_\_

Business Address (**if different than establishment**): \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**Fee schedule located on the back of the application. Please read carefully.**

**In accordance with Ordinance #13-12, passed by the Porter County Board of Commissioners on October 15, 2013, the annual permit fees for Retail Food Service Establishments in Porter County are as follows:**

<b>Annual Full Service Retail Food Establishment Permit Fee:</b>	
Less than 3,000 square feet	<b>\$300.00</b> paid on or before December 31 <sup>st</sup>
3,000 to less than 10,000 square feet	<b>\$400.00</b> paid on or before December 31 <sup>st</sup>
10,000 to less than 15,000 square feet	<b>\$500.00</b> paid on or before December 31 <sup>st</sup>
15,000 square feet or greater	<b>\$600.00</b> paid on or before December 31 <sup>st</sup>
<b>Annual Limited Retail Food Establishment Permit Fee:</b>	
Limited ( <b>Prepackaged only</b> )	<b>\$150.00</b> paid on or before December 31 <sup>st</sup>

**Notes:**

- **Fees received after December 31<sup>st</sup> for permit renewals will incur a 100% Late Fee.**
- **Permit Fees are Non-Refundable and Permits are Non-Transferable.**  
Changes in ownership and remodel may require upgrades prior to issuance of permit. Contact the Health Department prior to remodel or change of owner.
- **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](http://www.porterco.org/foods)

<b>Office Use</b>			
Square Footage: <input type="checkbox"/> less than 3,000 <input type="checkbox"/> 3,000 <10,000 <input type="checkbox"/> 10,000 <15,000 <input type="checkbox"/> 15,000 or greater <input type="checkbox"/> Limited			
Paid by: ( <b>✓ one</b> ) <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 #: _____	
____ New Permit   ____ Renewal Permit		<b>Permit #:</b> _____	