



**Porter County Health Department
Annual Food Establishment Permit Application
Retail**

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 RFE, bed and breakfast, convenience store, grocery store, bakery, mobile unit)

Permit Type: (*one*) Full Service Square Footage: _____

Or

Limited (***Prepackaged Only***)

Certified Food Protection Manager Name: _____

Certification Number: _____ Expiration Date: _____

(This Certification is required for one employee. Some exemptions allow for Certified Food Handler. See Title 410 IAC 7-22-15(g) at 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: _____

Email Address: _____ Phone #: _____

Business Address (***if different than establishment***): _____

City, State and Zip Code: _____

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:

Annual Full Service Retail Food Establishment Permit Fee:	
Less than 3,000 square feet	\$300.00 paid on or before December 31 st
3,000 to less than 10,000 square feet	\$400.00 paid on or before December 31 st
10,000 to less than 15,000 square feet	\$500.00 paid on or before December 31 st
15,000 square feet or greater	\$600.00 paid on or before December 31 st
Annual Bed and Breakfast Permit Fee:	\$250.00 paid on or before December 31 st
Annual Limited Retail Food Establishment Permit Fee:	
Limited (Prepackaged only)	\$150.00 paid on or before December 31 st

Notes:

- **Fees received after December 31st 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.
- **Operating without a permit will result in a 100% penalty fee.**
- **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, option 3
Fax. (219) 465-3531

<https://www.in.gov/localhealth/portercounty/food-service-division/>

Office Use

Square Footage: less than 3,000 3,000 <10,000 10,000 <15,000 15,000 or greater Limited

Paid by: (one) Cash Check Money Order CC/BC Check/Money Order #: _____

Date Fee Paid: _____ Processed by: _____ Amount Paid: \$ _____

Receipt #: _____ Receipt Book #: _____ New Permit Renewal Permit

Permit #: _____