



**Porter County Health Department  
Annual-Temporary 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: \_\_\_\_\_

Commissary\* Name: \_\_\_\_\_

Commissary 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: \_\_\_\_\_ If mobile unit, must include license plate #: \_\_\_\_\_

**(Examples mobile unit, push-cart, tent set-up/booth)**

**\* Commissary Agreement and a copy of the commissary permit/license are required to be submitted for permitting.**

**If you own the commissary, a copy of the commissary permit/license and the last routine food service inspection are required.**

Permit Type: (✓one)  Full Service-potentially hazardous\*\* foods  Full Service-non-potentially hazardous food

Limited\*\*\* **(Only Pre-packaged Foods Sold)**  Sampling only of non-potentially hazardous food

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](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: \_\_\_\_\_

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 local ordinance, passed by the Porter County Board of Commissioners, the annual permit fees for Retail Food Service Establishments in Porter County are as follows:**

<b>Annual-Temporary Food Establishment Permit Fee:</b>	
Full-service- Potentially Hazardous** Foods	\$300.00
Full-service- Non-potentially Hazardous Foods	\$100.00
Limited/Pre-packaged***- Potentially Hazardous Foods	\$100.00
Sampling Only of Non-potentially Hazardous Foods	\$50.00

**Notes:**

**\*\* Potentially Hazardous Foods require refrigeration or hot-holding for safety.**

**\*\*\* Limited/Pre-packaged Foods are foods that come to the event packaged and labeled for sale. No opening handling takes place on site.**

➤ **If you are unsure which fee applies to your establishment, you must contact our office before submitting your application and payment.**

➤ **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 #:** \_\_\_\_\_