



**Porter County Health Department
Partial Year Retail Food Establishment Permit Application
Retail/Temporary**

Permit Year: _____

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

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

Establishment Information

Establishment Name: _____

Address: _____

City, State and Zip Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

List Months of Operation: _____

Establishment Type: _____ If mobile unit, must include license plate #: _____
(e.g. food truck, pushcart, food booth/tent, concession stand, seasonal brick and mortar)

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

Certified Food Protection Manager's 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: _____

Phone #: _____ Email Address: _____

Business Address (if different than establishment): _____

City, State and Zip Code: _____

ATTENTION: Mobile unit and pushcart operators, temporary event food vendors and farmers market food vendors, please read carefully and complete the following:

Commissary

Mobile unit and pushcart operators, temporary event 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 #: _____ Email Address: _____

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

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

Menu

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

In accordance with local ordinance, passed by the Porter County Board of Commissioners, the partial year permit fee for Retail Food Service Establishments in Porter County is as follows:

Partial Year Retail Food Establishment Permit Fee: \$150.00

(A Temporary Retail Food Service Establishment, serving potentially hazardous foods and operating for six (6) consecutive months or less during any calendar year or a full-service Brick and Mortar establishment that only operates on a seasonal basis.)

Notes:

- **Permit Fees are Non-Refundable and Permits are Non-Transferable.**
Changes in ownership and any remodel may require upgrades prior to issuance of permit. Contact the Health Department prior to remodel or change of ownership.
- **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.**

Establishment Name: _____

Applicant's Signature: _____ Amount Enclosed: _____

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/>

For Office Use	Paid by: (<input checked="" type="checkbox"/> 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 #: _____
	____ New Permit ____ Renewal Permit Permit #: _____