



Porter County Health Department Temporary Food Vendor Permit Application

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 local ordinance, passed by the Porter County Board of Commissioners, 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 if purchased more than 7 days before the event start date
- \$30.00 per day with a \$150.00 maximum per scheduled event if purchased 7-3 days before the event start date
- \$40.00 per day with a \$200.00 maximum per scheduled event if purchased 48 hours of less ahead of the event start date.

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 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.)

Commissary or Base of Operation

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

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.**
- **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 Fax. (219) 465-3531
<https://www.in.gov/localhealth/portercounty/food-service-division/>**

<i>For Office Use</i>	Number of Days: _____		New Vendor <input type="checkbox"/>		Existing Vendor <input type="checkbox"/>	
	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: _____		Money Order Issuer: _____	
	Receipt #: _____		Receipt Book #: _____		Amount Paid: \$ _____	
Permit #: _____						