



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 **Ordinance #13-12**, passed by the Porter County Board of Commissioners on **October 15, 2013**, 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 #: _____			
			Money Order Issuer: _____			
	Date Fee Paid: _____		Processed by: _____		Amount Paid: \$ _____	
Receipt #: _____		Receipt Book #: _____		Permit #: _____		