foods.divison@portercountyin.gov

Portage Office
3590 Willowcreek Rd, Suite C
Portage, IN 46368
219-759-8239

Valparaiso Office
155 Indiana Ave, Suite 104
Valparaiso, IN 46383
219-465-3525

Temporary Vendor-Daily Permit Application

Please complete this application and return it with the appropriate annual permit fee to:
Porter County Health Department
Attn: Foods Division
155 Indiana Avenue Suite 104
Valparaiso IN 46383
You may apply online: https://www.in.gov/localhealth/portercounty/food-service-division/permit-fees-and-applications/

Permit Year:

Establishment Information

Establishment Name: _____

Address: _____
(Street, City, State, Zip)

Establishment Phone #: (_____)_____ Fax #: (_____)_____

E-Mail Address: _____

Days and Hours of Operation: _____

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.)

Type of Structure:
___ booth _____tent ___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 ___ 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

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 #:(____)_____

Owner Address: _____
(Street, City, State, Zip)

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Event Information

Name of Event:_____

Location of Event:_____

Dates and Hours of Operation:_____

Event Coordinator Name: _____ Phone: (____)_____

Event Coordinator's E-mail Address: _____

Commissary or Base of Operation

- **Mobile unit operators, temporary 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 you own an out-of-county or out-of-state food establishment, provide a copy of**
  - **Your Food Establishment Permit/License.**
- **If using a licensed food establishment not owned by you, provide:**
  - **A Commissary Agreement**
  - **The Commissary's Food Permit/License**
  - **The Commissary's current food inspection results**

Complete the Commissary Information if different than Establishment Information provided above.

Name of Commissary:_____

Address: _____
(Street, City, State, Zip)

Phone #:_(____)_____Email Address:_____

Water Source: ***(✓one)*** ___Municipal ___ Private/Well

Wastewater Disposal: ***(✓one)*** ___ Municipal ___Private/Septic

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:

_____

_____

_____

Permit Type: ***(✓one)*** ☐ Full Service ☐ Sampling only of non-TCS foods

Applicant's Signature: _____ Amount Enclosed: $_____

Permit fee schedule is listed at the end of the application. Please read carefully.

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Fee Schedule

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.**

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.

Notes:

- **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.**

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.

Office Use Only

Permit Type: ***)*** □ Full Service □ Sample Only

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 #_____