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

This form may be used for mobile unit operators, caterers and temporary food vendors, or when a prospective food establishment will use a permitted facility as its base of operation. Please provide the following information, including signatures, and submit with your retail food permit to Porter County Health Department. This commissary agreement is valid for the current calendar year only.

Commissaries located outside of Porter County require a copy of the establishments out of county/state permit and last inspection report attached to this form.

Date _____

I, _____ of_____,
(Owner/Operator) (Licensed Establishment Name)

Located at _____
(Address of Establishment) (City) (State)

Do hereby give my permission to
_____

Circle one: Mobile Unit / Pushcart / Caterer / Temporary Food Vendor

To use my kitchen facilities to perform the following (check all that apply):

□ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, reheating.
□ Dry Storage of foods, □ single-service items, □ cleaning agents, □ other equipment, □ vehicle/cart
□ Cold Storage of food
□ Servicing and cleaning of equipment
□ Ware washing
□ Filling water tanks
□ Dumping wastewater
□ Other:

_____

Commissary Water Supply? □ Municipal □ Well (Submit test results)
Commissary Sanitary Sewer Service? □ Municipal □ Septic (on site wastewater system)

_____ _____ (_____)_____
Signature of Food Vendor applying for the permit Date Phone Number

_____ _____ (_____)_____
Signature of Commissary Owner /Operator Date Phone Number