



Valparaiso Office

155 Indiana Ave., Suite 104
Valparaiso, IN 46383

Portage Office

3590 Willowcreek Rd., Suite C
Portage, IN 46368

porterhealth@porterco.org

219-465-3525 (Valparaiso)

219-759-8239 (Portage)

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 attached to this form.

Date _____

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

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

Do hereby give my permission to

(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
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