



# St. Joseph County Department of Health

## Application for Temporary Food Permit

**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

**Temporary applications shall be submitted and received by the Department of Health at least seven (7) days prior to the event. The application must be completed in its entirety. Permits will not be issued if required information is incomplete.**

### Vendor Information

Application Date: \_\_\_\_\_ 20 \_\_\_\_ Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Certified Food Protection Manager: \_\_\_\_\_ Copy of Certificate Provided Y \_\_\_\_ N \_\_\_\_

Person in Charge at the Event: \_\_\_\_\_

**In accordance with 410-IAC 7-22, an establishment preparing potentially hazardous food must have a Certified Food Protection Manager. Certain pre-packaged/low risk or pre-made foods may be exempt. The certification rule can be found at <http://www.in.gov/isdh/21062.htm>**

### EVENT Information

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Hours: \_\_\_\_\_

**Pursuant to Chapter 117: St. Joseph County Food Establishments Section 117:05, Subsection A: Failure to meet permit requirements at least seven (7) days prior to the event, shall result in the temporary food establishment not being allowed to sell/give away food or samples at the event.**

**The undersigned is applying for a temporary permit to operate a temporary food serve establishment pursuant to IDoH Retail Food Establishment Sanitation Requirements in 410 IAC 7-26 and St. Joseph County Food Establishments Chapter 117.**

If "Temporary Guidelines" were provided to you, please sign below stating you have read and received this information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility Information** (circle all that apply to the operation)

Type of structure (circle): Trailer Tent Booth Inside building other: \_\_\_\_\_

Type of water source (circle): Tank Food Grade Hose other: \_\_\_\_\_

**If you are connected to water by a hose do you have a Watts 9-D (back flow device) Y N or N/A**

Power Hook up (circle): Hook up to direct source Generator LPG other: \_\_\_\_\_

Type of Hand Washing (circle): Sink Thermos with free flow spigot Urn other: \_\_\_\_\_

Type of Ware Washing (circle): 3-comp sink Tubs/Buckets other: \_\_\_\_\_

How will wastewater be handled (circle): Direct hook up Holding tank

**Food Product Information:**

List of food being offered:

Vendor's Registered Location where food is being prepared:

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**Temporary Permit Fees**

One (1) day Event:	\$35.00
Two (2) to Three (3) day Event:	\$75.00
Four (4) to ten (10) day Event:	\$150.00
Temporary Annual:	\$375.00

**Late Fee: An additional 100% cost  
of the permit if payment is made less  
than 7 days prior to the event**

**In Person:** Submit completed application with payment (cash, Visa, MasterCard, Discover, business check, cashier's check, or money order - personal checks are not accepted) **before 4:00 p.m.**

**Online:** Visit our website at [www.sjcindiana.gov](http://www.sjcindiana.gov) and on the Food Services Permit Applications page, choose the Temporary Food Application With Online Payment at: <https://www.in.gov/localhealth/stjosephcounty/forms-and-permits/>

Application(s) and payment may be mailed to **St. Joseph County Department of Health, 227 West Jefferson Blvd. 9<sup>th</sup> Floor County City Building, South Bend, IN 46601.**

If you have any questions, please call 574-235-9750.

**For Office Use Only**

Date Paid: \_\_\_\_\_ Employee Initial: \_\_\_\_\_

Transaction Number: \_\_\_\_\_ Permit issued Y N

Amount Paid: \_\_\_\_\_ Late Fee: \_\_\_\_\_ Total Paid: \_\_\_\_\_