



**Porter County Health Department  
Annual Food Establishment Permit Application  
Retail**

**Permit Year:** \_\_\_\_\_

Please complete this application and return it with the appropriate annual permit fee to: **Porter County Health Department • Porter County Administration Building • 155 Indiana Avenue Suite 104 • Valparaiso IN 46383**

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.

**Establishment Information**

Establishment Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Water Source: ( **one**) \_\_\_ Municipal \_\_\_ Private/Well Wastewater Disposal: ( **one**) \_\_\_ Municipal \_\_\_ Private/Septic

Establishment Type: \_\_\_\_\_

**(Examples RFE, bed and breakfast, convenience store, grocery store, bakery, mobile unit)**

Permit Type: ( **one**)  Full Service Square Footage: \_\_\_\_\_

**Or**

Limited (**Prepackaged Only**)

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](http://www.in.gov).)

**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 #: \_\_\_\_\_

Business Address (**if different than establishment**): \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

**Fee schedule located on the back of the application. Please read carefully.**

**In accordance with local ordinance, passed by the Porter County Board of Commissioners, the annual permit fees for Retail Food Service Establishments in Porter County are as follows:**

<b>Annual Full Service Retail Food Establishment Permit Fee:</b>	
Less than 3,000 square feet	<b>\$300.00</b> paid on or before December 31 <sup>st</sup>
3,000 to less than 10,000 square feet	<b>\$400.00</b> paid on or before December 31 <sup>st</sup>
10,000 to less than 15,000 square feet	<b>\$500.00</b> paid on or before December 31 <sup>st</sup>
15,000 square feet or greater	<b>\$600.00</b> paid on or before December 31 <sup>st</sup>
<b>Annual Bed and Breakfast Permit Fee:</b>	<b>\$250.00</b> paid on or before December 31 <sup>st</sup>
<b>Annual Limited Retail Food Establishment Permit Fee:</b>	
Limited ( <b>Prepackaged only</b> )	<b>\$150.00</b> paid on or before December 31 <sup>st</sup>

**Notes:**

- **Fees received after December 31<sup>st</sup> for permit renewals will incur a 100% late fee.**
- **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.**

**Porter County Health Department**  
**Porter County Administration Building**  
**155 Indiana Ave Suite 104**  
**Valparaiso, IN 46383**  
**Ph. (219) 465-3525, option 3**  
**Fax. (219) 465-3531**

<https://www.in.gov/localhealth/portercounty/food-service-division/>

<b>Office Use</b>			
Square Footage: <input type="checkbox"/> less than 3,000 <input type="checkbox"/> 3,000 <10,000 <input type="checkbox"/> 10,000 <15,000 <input type="checkbox"/> 15,000 or greater <input type="checkbox"/> Limited			
Paid by: ( <input checked="" type="checkbox"/> <b>one</b> ) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> CC/BC   Check/Money Order #: _____			
Date Fee Paid: _____		Processed by: _____	
		Amount Paid: \$ _____	
Receipt #: _____		Receipt Book #: _____	
		New Permit <input type="checkbox"/> Renewal Permit <input type="checkbox"/>	
		Permit #: _____	