



**Porter County Health Department
Annual-Temporary Food Establishment Permit Application**

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: _____

Commissary* Name: _____

Commissary 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: _____ If mobile unit, must include license plate #: _____

(Examples mobile unit, push-cart, tent set-up/booth)

*** Commissary Agreement and a copy of the commissary permit/license are required to be submitted for permitting.**

If you own the commissary, a copy of the commissary permit/license and the last routine food service inspection are required.

Permit Type: (**one**) Full Service-potentially hazardous** foods Full Service-non-potentially hazardous food

Limited*** (**Only Pre-packaged Foods Sold**) Sampling only of non-potentially hazardous food

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.)

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:

Annual-Temporary Food Establishment Permit Fee:

Full-service- Potentially Hazardous** Foods	\$200.00
Full-service- Non-potentially Hazardous Foods	\$100.00
Limited/Pre-packaged***- Potentially Hazardous Foods	\$100.00
Sampling Only of Non-potentially Hazardous Foods	\$50.00

Notes:

**** Potentially Hazardous Foods require refrigeration or hot-holding for safety.**

***** Limited/Pre-packaged Foods are foods that come to the event packaged and labeled for sale. No opening handling takes place on site.**

➤ **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.

**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/>

Office Use

Square Footage: less than 3,000 3,000 <10,000 10,000 <15,000 15,000 or greater Limited

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 #: _____