

LaPorte
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LaPorte, IN 46350
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Fax (219) 325-8628



Michigan City
Branch Office
300 Washington ST, Suite 106
Michigan City, IN 46360
(219) 874-5611 Ext.7780
Fax (219) 873-3018

Application for Temporary Food Vendor

Business Name: _____

Mailing address: _____

City _____ **State:** _____ **Zip:** _____

Owner's Name: _____

Business Telephone: _____ **Email Address** _____

On-site Manager's name: _____

Name of Event: _____ **Dates:** _____

Start Time: _____ **Daily Hours of Operation:** _____

Location of the Event: _____

Foods to be Served: _____

List the source(s) of all foods that will be served at the event: _____

Will any of the food served be prepared one day and served the next? List all such foods:

For Office Use Only

Date: _____ **Temp #** _____

Cash: **Check:** ***Check #** _____

CONTINUE ON BACK

If the application is received:

7 or more days prior to the event--\$20 per day. Maximum \$80

6 or fewer days prior to the event--\$30 per day. Maximum \$120

Where is food stored prior to preparation? food stand _____ supply truck _____ other _____

How will you dispose of waste water? _____ holding tanks, _____ public utility

Potable water source: _____ public utility, _____ private supply (well), _____ bottled water

Structure Type: _____ permanent building, _____ self-contained trailer, _____ booth, _____ tent

_____ other (describe): _____

Food Handler Certification: Certified Employee _____

Please check which Certification the employee(s) hold(s).

- | | |
|--|-------------------------------|
| <input type="checkbox"/> ServSafe® National Restaurant Association | Expiration Date: _____ |
| <input type="checkbox"/> Certified Professional Food Manager®, Prometric | Expiration Date: _____ |
| <input type="checkbox"/> Certified Food Safety Manager, Nat'l Registry of Food Safety Professionals | Expiration Date: _____ |

This certification is required after January 1, 2005 for one employee.

Some exemptions are allowed. See Title 410 IAC 7-22-15(g) at www.IN.gov.

I attest to the accuracy of the information provided herein.

Application is hereby made for a permit to operate a TEMPORARY retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24, 410 IAC 7-22, and LaPorte County Retail Food Establishment Ordinance 2013-15, as amended. ***THIS PERMIT IS NOT TRANSFERABLE!*** It is issued only to the establishment and location/event named on the permit. The **SIGNED FORM** and the **REQUIRED FEE** must be returned to the LaPorte County Health Department. NO REFUNDS. Submitting this application does not guarantee a permit will be issued.

FEES ARE LISTED BELOW

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

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