

Sandra Deausy, M.D.
Health Officer
Amanda J. Lahners, REHS/RS
Administrator



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: _____

<p><u>For Office Use Only</u></p> <p>Date: _____ Temp # _____</p> <p>Cash: <input type="checkbox"/> Check: <input type="checkbox"/></p> <p>Check # _____</p>

CONTINUE ON BACK
If the application is received:

7 or more days prior to the event--\$30 per day. Maximum \$120
6 or fewer days prior to the event--\$50 per day. Maximum \$200

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).

- ServSafe®** National Restaurant Association Expiration Date: _____
- Certified Professional Food Manager®**, Prometric Expiration Date: _____
- 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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