

# St. Joseph County Health Department

Telephone: 574-235-9721 Fax: (574) 235-9497



## Application for Temporary Food Permit

**Temporary application "shall" be turned into our office one (1) Week prior to the Event. The application must include all information and completed in its entirety before it will be processed.**

Application Date: \_\_\_\_\_

Not for Profit (please circle one) **Yes No**

Vendor Name: \_\_\_\_\_

Mailing Address of Vendor: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Person in Charge at Site \_\_\_\_\_

List Menu items: \_\_\_\_\_

Certified Food Handler: \_\_\_\_\_

(Note: Not For Profit Organizations are exempt. Any vendor handling potentially hazardous foods (i.e. hamburger, chicken, hot dogs must be certified).

**Event Information- The information below must be completed in its entirety**

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

Event Coordinator: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Location of Event: \_\_\_\_\_

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

Hours of Event \_\_\_\_\_ Vendor Set Up Time: \_\_\_\_\_

**Failure to comply with submitting the application to our office, the Vendor shall not be allowed to operate at the temporary event.**

Please note: our office accepts only, Cash, Business checks, cashiers checks, money orders and Visa/Master Card. No Personal checks are accepted. You may mail your application with payment to the following address: St. Joseph County Health Department, 227 West Jefferson Blvd., 9<sup>th</sup> Floor County City Bldg., South Bend, Indiana 46601. If you have any questions, please contact our office at (574) 235-9721. Our office will not accept fees after 4:00 p.m.

**Temporary Permit Fees**

Annual Permit	\$375.00
One (1) Day Event	\$25.00
Two (2) to Three (3) Day Event	\$45.00
Four (4) to Seven (10) Day Event	\$125.00

**For Office Use Only**

Date Paid: \_\_\_\_\_

Permit received on/or be delivered on: \_\_\_\_\_

Transaction No. \_\_\_\_\_

Opening Date: \_\_\_\_\_

Amount Paid \_\_\_\_\_

Employee Initial: \_\_\_\_\_