

**LaPorte**  
Main Office  
809 State St. Suite 401 A  
LaPorte, IN 46350  
(219) 326-6808 Ext.2200  
Fax (219) 325-8628



**Michigan City**  
Branch Office  
302 W. 8<sup>th</sup> St. Suite #4  
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: \_\_\_\_\_

**CONTINUE ON BACK**

For office use only  
  
Permit #: \_\_\_\_\_

**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](http://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 00-15, 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. Submitting this application does not guarantee a permit will be issued.

**FEES ARE LISTED BELOW**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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