



# St. Joseph County Health Department

## Application for Temporary Food Permit

**Temporary application shall be submitted and received by the Health Department at least seven (7) days prior to the Event. The application must be completed in its entirety. Permit will not be issued if required information is incomplete.**

### Vendor Information

Application Date: \_\_\_\_\_ 20\_\_\_\_ Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Establishment Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Certified Food Handler: \_\_\_\_\_ Copy of Certificate provided Y N

Person In Charge at the Event: \_\_\_\_\_

**(In accordance with 410 IAC 7-22, each food establishment must employ a certified food handler as of 01/01/05. Certain pre-packaged or low risk foods may be exempt. The certification rule can be found at the following web site: <http://www.in.gov/Isdh/21062.htm>.)**

### EVENT Information:

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

Location of the Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

**FAILURE TO MEET PERMIT REQUIREMENTS AT LEAST SEVEN (7) DAYS PRIOR TO THE EVENT SHALL RESULT IN THE TEMPORARY VENDOR NOT BEING ALLOWED TO SELL FOOD AT THE EVENT PER CHAPTER 117, ST. JOSEPH COUNTY FOOD ESTABLISHMENTS, SECTION 117.05, SUBSECTION A.**

**A temporary permit will not be issued without first having a yearly opening inspection by the Health Department (Chapter 117, St. Joseph County Food Establishments).**

**The undersigned applies for a license to operate a temporary food service establishment pursuant to ISDH Retail Food Establishment Sanitation Requirements in 410 IAC 7-24. The undersigned certifies receipt of the guidelines for operation, and that the establishment will be operated and maintained in accordance with these conditions.**

If you have read and understand the list of "Temporary Guidelines", please print your name below

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

**Facility Information** (circle all that apply to your operation)

Type of structure: Trailer Tent Booth Inside Building Other: \_\_\_\_\_

Type of water source: Tank Hose from approved source Other: \_\_\_\_\_

**Do you have a Backflow prevention device (watts 9-D)** Yes No N/A (not applicable)

Type of power: Will hook up to direct source Generator LPG Other \_\_\_\_\_

Type of Hand washing: Sink Thermos w/free flow spigot Urn Other: \_\_\_\_\_

Type of Dishwashing: 3-Comp Sink Tubs/buckets Other: \_\_\_\_\_

**Food Product Information:**

Menu: \_\_\_\_\_

Food being prepared

Where is food being prepared?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Temporary Permit Fees</b>	
One (1) day Event	\$25.00
Two (2) to Three (3) day Event	\$45.00
Four (4) to Ten (10) day Event	\$125.00
Annual Permit	\$375.00

The Health Department does not accept personal checks; you may pay by cash, business or cashier's check, money order, or Visa, Master Card and Discover. You may mail your application with payment to:  
St. Joseph County Health Department, 227 West Jefferson Blvd., 9<sup>th</sup> Floor County City Building, South Bend, Indiana 46601. The office will not accept payment after 4:00 p.m. If you have any questions, please call 574-235-9721.

<b>For Office Use Only</b>	
Date Paid: _____	Permit received on/or be delivered on: _____
Transaction No: _____	Opening Date: _____
Amount Paid: _____	Employee Initial: _____