



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. Permits will not be issued if required information is incomplete.

Vendor Information

Application Date: _____ 20 ____ Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number: _____ Fax: _____

Certified Food Handler: _____ Copy of Certificate Provided Y ____ N ____

Person in Charge at the Event: _____

(In accordance with 410-IAC 7-22, an establishment serving potentially hazardous food must have a certified food handler. Certain pre-packaged/low risk foods may be exempt. The certification rule can be found at <http://www.in.gov/isdh/21062.htm>)

EVENT Information

Event Name: _____ Event Location: _____

Event Date(s): _____ Event Hours: _____

Pursuant to Chapter 117: St. Joseph County Food Establishments Section 117:05, Subsection A: Failure to meet permit requirements at least seven (7) days prior to the event, shall result in the temporary food establishment not being allowed to sell/give away food or samples at the event.

The undersigned is applying for a temporary permit to operate a temporary food serve establishment pursuant to ISDH Retail Food Establishment Sanitation Requirements in 410 IAC 7-24 and St. Joseph County Food Establishments Chapter 117.

If "Temporary Guidelines" were provided to you please sign below stating you have read and received this information.

Name: _____ Date: _____

Facility Information (circle all that apply to the operation)

Type of structure: Trailer Tent Booth Inside building other: _____

Type of water source: Tank Food grade hose other: _____

If you are connected to water by a hose do you have a Watts 9-D (back flow device) Y N or N/A

Power Hook up: Hook up to direct source Generator LPG other: _____

Type of Hand washing: Sink Thermos with free flow spigot Urn other: _____

Type of Ware washing 3-comp sink tubs/buckets other: _____

Food Product Information:

Menu: _____

Food being offered	where is food being prepared:
_____	_____
_____	_____
_____	_____

Temporary Permit Fees	
One (1) day Event	\$ 30.00
Two (2) to Three (3) day Event	\$ 50.00
Four (4) to ten (10) day Event	\$130.00
Temporary Annual	\$375.00

The Health Department does not accept personal checks. You may pay by cash, business or cashier's check, money order. Application(s) and payment may be mailed to: **St. Joseph County Health Department, 227 West Jefferson Blvd. 9th Floor County City Building, South Bend, IN 46601.** Visa, MasterCard or Discover Card are also accept, however credit card information cannot be processed over the phone or on the application. If you are paying in person, **the office does not accept payment after 4:00 p.m.** If you have any questions please call 574-235-9721.

For Office Use Only	
Date Paid: _____	Employee Initial: _____
Transaction Number: _____	Permit issued Y N