



St. Joseph County Health Department

Application for Temporary Food Permit

Temporary application shall be submitted to the Health Department 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____ Name of Applicant: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Establishment Telephone: _____ Fax: _____

Contact Person: _____

Certified Food Handler: _____ provided a copy of Certificate 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. View the rule @ <http://www.In.gov/Isdh/21062.htm>.)

EVENT Information:

Name of Event: _____

Location of the Event: _____

Date(s) of Event: _____ Hours of Event: _____

FAILURE TO PAY FOR THE PERMIT 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.**

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

Location of food preparation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Temporary Permit Fees	
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 check, cashier's check, money order, or Visa/Master Card. You may mail your application with payment to:
St. Joseph County Health Department, 227 West Jefferson Blvd., 9th 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.

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