



**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

# St. Joseph County Health Department

## Application for Temporary Food Permit

**Temporary application shall be submitted and received by the Department of Health 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: \_\_\_\_\_

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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: \_\_\_\_\_
How will wastewater be handled: Direct hook up Holding tank

Food Product Information:

Food being offered \_\_\_\_\_ Where is food being prepared: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Table with 2 columns: Event Type and Fee. Includes rows for One (1) day Event (\$30.00), Two (2) to Three (3) day Event (\$50.00), Four (4) to ten (10) day Event (\$130.00), and Temporary Annual (\$375.00).

The Department of Health does not accept personal checks. You may pay by cash, business or cashier's check, or money order. Application(s) and payment may be mailed to: St. Joseph County Department of Health, 227 West Jefferson Blvd. 9th Floor County City Building, South Bend, IN 46601. Visa, MasterCard or Discover Card are also accepted; 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
Amount Paid: \_\_\_\_\_ Late Fee: \_\_\_\_\_ Total Paid: \_\_\_\_\_