



St. Joseph County Department of Health

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

Application for Temporary Food Permit

Temporary applications 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 Protection Manager: _____ Copy of Certificate Provided Y ___ N ___

Person in Charge at the Event: _____

In accordance with 410-IAC 7-22, an establishment preparing potentially hazardous food must have a Certified Food Protection Manager. Certain pre-packaged/low risk or pre-made 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 (circle): Trailer Tent Booth Inside building other: _____

Type of water source (circle): 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 (circle): Hook up to direct source Generator LPG other: _____

Type of Hand Washing (circle): Sink Thermos with free flow spigot Urn other: _____

Type of Ware Washing (circle): 3-comp sink Tubs/Buckets other: _____

How will wastewater be handled (circle): Direct hook up Holding tank

Food Product Information:

List of food being offered:

Location where food is 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
Late Fee: An additional 100% cost of the permit if payment is made less than 7 days prior to the event	

In Person: Submit completed application with payment (cash, Visa, MasterCard, Discover, business check, cashier's check, or money order - personal checks are not accepted) **before 4:00 p.m.**

Online: Visit our website at www.sjcindiana.com and on the Food Services Permit Applications page, choose the Temporary Food Application With Online Payment at: sjcindiana.com/1907/Permit-Applications

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.**

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: _____	