2026 TEMPORARY FOOD SERVICE PERMIT APPLICATION

□ ANNUAL □ SEASONAL (6 CONTINUOUS MONTHS OR LESS)

DURATION: _____ THROUGH_____

FOOD SERVICE ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME _____

OWNER'S NAME _____ CERTIFIED FOOD MANAGER _____

MAILING ADDRESS (STREET) _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

COMMISSARY INFORMATION *(COMPLETE IF DIFFERENT THAN ESTABLISHMENT INFORMATION ABOVE)*

NAME OF COMMISSARY _____

ADDRESS (STREET) _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

IF YOUR COMMISSARY IS OUTSIDE OF LAKE COUNTY (OR IN GARY OR EAST CHICAGO), YOU MUST INCLUDE A COPY OF THE CURRENT PERMIT, MOST RECENT INSPECTION, AND YOUR RENTAL CONTRACT (IF APPLICABLE).

TEMPORARY SETUP INFORMATION

TYPE OF STRUCTURE (CHECK ALL THAT APPLY): ____ TRUCK ____ TRAILER ____ PUSH CART ____ BOOTH/TENT

POWER SOURCE: ____ PLUG IN TO SOURCE ON SITE ____ GENERATOR ____ NO POWER NEEDED

HANDWASHING: ____ SINK ____TEMPORARY HANDWASH SETUP ____ OTHER (DESCRIBE) _____

DISWASHING: ____ 3 COMPARTMENT SINK ____ TUBS / BUCKETS ____ AT COMMISSARY

SANITIZER: ____ CHLORINE ____ QUATERNARY AMMONIA ____ OTHER (DESCRIBE) _____

POTABLE WATER SOURCE: ____ ONSITE MUNICIPAL SOURCE ____ COMMISSARY ____ BOTTLED WATER

____ WELL ____ OTHER (DESCRIBE) _____

PLEASE NOTE THAT ONLY FOOD GRADE HOSES MAY BE USED TO FILL TANKS AND/OR SUPPLY POTABLE WATER

WASTEWATER DISPOSAL: ____ APPROVED ONSITE SEWAGE SYSTEM OR RECEPTACLE ____ COMMISSARY

____ OTHER (DESCRIBE) _____

APPLICATION CONTINUED ON BACK--->

OFFICE USE ONLY

REVIEWED BY _____ DATE_____ AMOUNT PAID $_____ PERMIT # _____

FOOD PRODUCT INFORMATION *(LIST ALL FOODS AND DRINKS TO BE SERVED OR SAMPLED)*

FOOD OR DRINK	PREPARED ONSITE	PREPARED COMMISSARY	FOOD OR DRINK	PREPARED ONSITE	PREPARED COMMISSARY
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
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	☐	☐		☐	☐

EVENTS *(LIST INFORMATION FOR ALL PLANNED EVENTS – ATTACH ADDITIONAL SHEETS IF NECESSARY)*

NAME OF EVENT	LOCATION NAME AND ADDRESS	DATE(S)	EVENT COORDINATOR NAME	EVENT COORDIANTOR PHONE # / EMAIL

IF YOU PLAN TO SET UP AT A LOCATION THAT IS NOT PART OF AN EVENT REGISTERED WITH THE LAKE COUNTY HEALTH DEPARTMENT, YOU MUST ENSURE THAT YOU HAVE WRITTEN PERMISSION FROM THE OWNER OF THE PROPERTY WHERE YOU WILL BE OPERATING AND THAT YOU ARE IN COMPLIANCE WITH ALL RULES OF THE CITY OR TOWN. A LAKE COUNTY HEALTH DEPARTMENT PERMIT WILL NOT ALLOW YOU TO OPERATE IF YOU DO NOT HAVE THESE.

APPLICANT SIGNATURE _____ **DATE** _____

SUBMIT APPLICATION AND FEE TO: LAKE COUNTY HEALTH DEPARTMENT
2900 W. 93RD AVENUE
CROWN POINT, IN 46307
219-755-3655
www.lakecounty.in.gov/departments/health

OFFICE HOURS ARE 8:30AM – 4:00PM MONDAY THROUGH FRIDAY (EXCLUDING HOLIDAYS)

FEES ARE $300.00 PER YEAR / $150.00 FOR 6 MONTHS OR LESS PAYABLE BY BUSINESS CHECK, CASH, OR MONEY ORDER

NO PERSONAL CHECKS!

FEES ARE NON-REFUNDABLE

PERMITS ARE NON-TRANSFERABLE

THIS APPLICATION IS FOR THE ANNUAL AND SEASONAL TEMPORARY PERMITS ONLY.

PLEASE INDICATE WHICH PERMIT YOU ARE APPLYING FOR BY CHECKING THE APPROPRIATE TYPE IN THE BOX AT THE TOP LEFT OF THE APPLICATION. THE SEASONAL PERMIT, WHICH IS VALID FOR UP TO 6 CONTINUOUS MONTHS, MUST ALSO HAVE A DATE RANGE LISTED IN THAT BOX.

ANNUAL TEMPORARY PERMIT - $300.00

SEASONAL TEMPORARY PERMIT - $150.00

IF YOU WOULD LIKE TO APPLY FOR A TEMPORARY PERMIT FOR A SINGLE EVENT, PLEASE DO NOT USE THIS APPLICATION. USE THE FORM LABELED “TEMPORARY APP SINGLE EVENT”.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACTACT THE FOOD DIVISION AT Foods@lakecountyin.org or 219-755-3655 BEFORE SUBMITTING THE YOUR APPLICATION.