



**2026 TEMPORARY FOOD SERVICE
PERMIT APPLICATION
SINGLE EVENT**

FOOD SERVICE ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME _____
OWNER'S NAME _____ CERTIFIED FOOD MANAGER _____
MAILING ADDRESS (STREET) _____
(CITY/TOWN) _____ (STATE) _____ (ZIP) _____
PHONE NUMBER _____ E-MAIL ADDRESS _____

EVENT INFORMATION

NAME OF EVENT _____ LOCATION (NAME) _____
LOCATION ADDRESS (STREET) _____ (CITY/TOWN) _____
EVENT COORDINATOR NAME _____
COORDINATOR PHONE NUMBER _____ COORDINATOR E-MAIL ADDRESS _____

DATES OF OPERATION	HOURS OF OPERATION

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).

APPLICATION CONTINUED ON BACK--->

OFFICE USE ONLY

REVIEWED BY _____ DATE _____ AMOUNT PAID \$ _____ PERMIT # _____

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) _____

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

FOOD OR DRINK	PREPARED		FOOD OR DRINK	PREPARED	
	ONSITE	COMMISSARY		ONSITE	COMMISSARY
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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 \$20.00 PER DAY / \$100.00 MAX PER EVENT PAYABLE BY BUSINESS CHECK, CASH, OR MONEY ORDER

NO PERSONAL CHECKS!

FEES ARE NON-REFUNDABLE

PERMITS ARE NON-TRANSFERABLE