



**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 INFORMATIONTYPE OF STRUCTURE (CHECK ALL THAT APPLY): TRUCK TRAILER PUSH CART BOOTH/TENTPOWER SOURCE: PLUG IN TO SOURCE ON SITE GENERATOR NO POWER NEEDEDHANDWASHING: SINK TEMPORARY HANDWASH SETUP OTHER (DESCRIBE) _____DISWASHING: 3 COMPARTMENT SINK TUBS / BUCKETS AT COMMISSARYSANITIZER: 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 ONSITE	PREPARED COMMISSARY	FOOD OR DRINK	PREPARED ONSITE	PREPARED 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"/>
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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