



**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--->**

<b>OFFICE USE ONLY</b>			
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"/>
	<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. 93<sup>RD</sup> AVENUE  
 CROWN POINT, IN 46307  
 219-755-3655  
[www.lakecounty.in.gov/departments/health](http://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