

# WELLS COUNTY HEALTH DEPARTMENT

223 W. Washington, Suites 200-209, Bluffton, IN 46714

Phone: 260-824-6489 • Fax: 260-824-8803

## APPLICATION FOR FOOD ESTABLISHMENT PERMIT

### APPLYING FOR (CHECK ONE):

Retail Food Permit (\$100.00) \_\_\_\_\_ Seasonal Food Permit (\$50.00) \_\_\_\_\_ Limited Food Permit (\$35.00) \_\_\_\_\_

\*\*NON-PROFITS EXEMPT FROM FEES\*\*

Establishment Name:	Phone:		
Address:	City	State	Zip
Mailing Address:	City	State	Zip
Fax:	E-Mail:		

Establishment is owned by:  An Individual  A Corporation  Partnership  Association  LLC, Limited Liability Company  LLP, Limited Liability Partnership  Other \_\_\_\_\_

List ALL persons/entities comprising legal ownership below: (Attach additional sheet, if necessary)

Name:	Title:		
Address:	City	State	Zip
Name:	Title:		
Address:	City	State	Zip
Name:	Title:		
Address:	City	State	Zip

Resident Agent:	Phone:		
Address:	City	State	Zip

Operator:	Phone:		
Home Address:	City	State	Zip

Operator's Immediate Supervisor:	Phone:		
Home Address:	City	State	Zip

Correspondence regarding your business should be sent to:

Name	Street	City	State	Zip
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Tax ID Number if non-profit \_\_\_\_\_

Type of Establishment:

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Grocery     | <input type="checkbox"/> Deli        |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Meat Locker | <input type="checkbox"/> Bakery      |
| <input type="checkbox"/> Private Club      | <input type="checkbox"/> Catering    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cafeteria         | <input type="checkbox"/> Tavern      |                                      |

Hours of Food Service Operation: Monday – Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Months of Operation: \_\_\_\_\_

Name of Certified Food Handler \_\_\_\_\_

**This Operation: (check one)**

- 1. Prepares, offers for sale, or serves potentially hazardous food using one or more of the following:
  - (a) Only to order upon a consumer's request
  - (b) In advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency
  - (c) Using time, rather than temperature, as the public health control as specified under 410 IAC 7-24
  - (d) Prepares acidified foods as defined in 410 IAC 7-21-3
- 2. Prepares potentially hazardous food in advance using food preparation method that involves two or more steps, which may include cooking, cooling, reheating, hot/cold holding, freezing, thawing or combining potentially hazardous ingredients
- 3. Prepares food as specified under section 2 above for delivery to and consumption at a location off the premises where it is prepared
- 4. Prepares food as specified under section 2 above for service to a highly susceptible population, as defined in 410 IAC 7-24
- 5. Prepares only food that is not potentially hazardous
- 6. Does not prepare, but offers for sale only prepackaged food that is potentially hazardous
- 7. Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous

**Wells County Ordinance No. 2007-19 states:**

1. A separate permit shall be required for each Bed and Breakfast Establishment and/or Food Establishment operated or to be operated by any person.
2. No permit issued to any Operator under this ordinance shall be transferable between locations or between operators. Upon change of location, operator or owner, all existing permits become void.

**Late applications will result in a fine of \$20.00 per day**

By signing below,

- I/we agree to abide by all provisions set forth in the Wells County Food Ordinance No. 2007-19 and the provisions set forth by Retail Food Establishment Sanitation Requirements 410 IAC 7-24;
- I/we attest that all information provided is true and correct;
- I/we will allow the Wells County Health Department access to the establishment and records as specified by 410 IAC 7-15.5 and 410 IAC 7-24.

Printed Name of Owner/Operator \_\_\_\_\_

Title \_\_\_\_\_

Signature of Owner/Operator \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE:** Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ By \_\_\_\_\_ Date Permit Mailed \_\_\_\_\_

Signature of Environmental Health Specialist \_\_\_\_\_

Date \_\_\_\_\_