

# 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:	Phone:	
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:			
Home Address:	City	State	Zip

Correspondence regarding your business should be sent to:

Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

**\*\*PLEASE ATTACH A CURRENT COPY OF YOUR MENU & FOOD HANDLER CERTIFICATION\*\***

**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 \_\_\_\_\_