## PUTNAM COUNTY HEALTH DEPARTMENT



1542 S. Bloomington St., Suite 1500 PO Box 507 Greencastle, IN 46135 PH: 765-301-7660 FAX: 765-301-7665 putnamhealthindiana.org

## **Application for Food Permit**

To operate a Retail Food, Bed & Breakfast, Seasonal, Mobile Food, Temporary Food, or Catering Establishment in Putnam County a permit is required. Non-Profit Organizations require a permit if they serve food more than 15 days per calendar year.

Any application with incomplete or missing information will not be issued a Food Permit.

Establishment NAME:				
The	name commonly used or the	e "doing business as" na	ame.	
Physical Location of Establishment:				
This may not be the same as the mailing address.	-	City	State	Zip
Establishment MAILING Address:				
_	Street	City	State	Zip
Establishment Telephone:		Fax:		
E-Mail Address:				
If t	he operator or manager has	an e-mail address, pleas	se show it here.	
Owner or Corporation Name:		Phon	ne:	
-				
Mailing Address Street	City	State	;	Zip
Where do Permits, Inspections Repor	ts and Invoices get m	ailed to? : □ E	stablishment M	ailing Addre
		<del></del>	wner/Corporati	_
On-Site Manager's Name:	4 4 211 44 1 2	<u>.</u>		
The person responsible for the daily operation	that is available at the busin	ess location.		
Phone:	Emerger	ncy Telephone:		
Establishment's Daily <u>Actual Hours</u>	of Preparing /Servi	ng Food:		
Sun: Mon: Tues:	Wed:	Thurs:	_ Fri:	Sat:
Public Water Supply?: ☐ Yes	□ <b>No</b> Is the busine	ess served by a publ	lic utility?	
Public Sewage Disposal?: ☐ Yes		• •	•	·k "no"

Permit Types - IF UNSU	<u> URE - See PCHD</u>	website for permit typ	e definitions.	
Catering ONLY	\$50.00	What events will you be attending, along with dates?		
Fair & Festival Permits				
<b>Mobile Food Unit:</b>	\$50.00			
Mobile Food Unit – Seasonal	\$50.00			
Temporary Food Establishment	\$50.00			
Festival/Event – 1 or 2 day	\$25.00			
It is your responsibility to call	<u> </u>			
Permanent Food Establishment	] WITH Catering	□ WITHOUT Catering		
Less than 20 Employees:	\$125.00	Seasonal:	\$50.00	
More than 20 Employees:		Bed & Breakfast:	\$50.00 <u></u>	
more than 20 Employeest	Ψ17000	Dou to Dioministi	φε στο σ	
Non-Profit Organizations: No	o Charge			
Serves <b>more</b> than 15 days per calend	<u> </u>	□ YES □ NO		
Serves <b>less</b> than 15 days per calenda	<del></del>	□ YES□ NO		
The establishment is exempt by men			with health office if unsure.	
501c (3) Tax ID #	nt and up to date tax exempt	certificate MUST accompany applicat	ion.	
		<del></del>		
FOOD HANDLER CERTIFICAT	TON:			
Certified Employee(s) Name:				
Please note Putnam County only accept			Food Safety Manager	
National Registry of Food Safety Profes				
It is the responsibility of the establish		* •	¥ •	
Menu Items:				
Temporary Food, Catering, or No. comply with the provision (Bed &Breakfast sanitation requirements) at IAC 7-24 (food establishment sanitation	n-Profit Establishment. B sions of the Indiana State 410 IAC 7-22 (food handl requirements), and Putna	Department of Health Rules 410 I er requirements), 410 IAC 7-23 (sm County Ordinance 15-3-2 and a e open to inspection daily by agent	the establishment will AC 7-15.5 chedule of civil penalties), 410 my future amendments. It is	
I attest that I have read and acknown have read and understand all rules	•	_		
Signature:		Date:		
Printed Name:		Title:		