



Public Health
Prevent. Promote. Protect.

PUTNAM COUNTY HEALTH DEPARTMENT

Received by _____

Receipt No. _____

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 "doing business as" name.

Physical Location of Establishment: _____

This may not be the same as the mailing address. Street City State Zip

Establishment MAILING Address: _____

Street City State Zip

Establishment Telephone: _____ Fax: _____

E-Mail Address: _____

If the operator or manager has an e-mail address, please show it here.

Owner or Corporation Name: _____ **Phone:** _____

Mailing Address Street City State Zip

Where do Permits, Inspections Reports and Invoices get mailed to? : Establishment Mailing Address
 Owner/Corporation Address

On-Site Manager's Name: _____

The person responsible for the daily operation that is available at the business location.

Phone: _____ **Emergency Telephone:** _____

Establishment's Daily Actual Hours of Preparing /Serving Food:

Sun: ___ - ___ Mon: ___ - ___ Tues: ___ - ___ Wed: ___ - ___ Thurs: ___ - ___ Fri: ___ - ___ Sat: ___ - ___

Public Water Supply?: Yes No Is the business served by a public utility?

Public Sewage Disposal?: Yes No If private septic system or sewage disposal, mark "no".

OVER

Permit Types - IF UNSURE - See PCHD website for permit type definitions.

Catering ONLY \$50.00 _____

What events will you be attending, along with dates?

Fair & Festival Permits

Mobile Food Unit: \$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 office when you are adding an event with location, dates and times.

Permanent Food Establishment WITH Catering WITHOUT Catering

Less than 20 Employees: \$125.00 _____
More than 20 Employees: \$175.00 _____

Seasonal: \$50.00 _____
Bed & Breakfast: \$50.00 _____

Non-Profit Organizations: No Charge _____

Serves **more** than 15 days per calendar year YES NO

Serves **less** than 15 days per calendar year YES NO

The establishment is exempt by menu or non-profit status. Some exemptions allowed, check with health office if unsure.

501c (3) Tax ID # _____

Current and up to date tax exempt certificate **MUST** accompany application.

FOOD HANDLER CERTIFICATION:

Certified Employee(s) Name: _____

Please note Putnam County only accepts certification from ServSafe®, NRA and/or Certified Food Safety Manager, National Registry of Food Safety Professionals. Please include a copy of the certification for each employee listed.

It is the responsibility of the establishment to have a current certificate on file with the Putnam Co. Health Dept.

Menu Items: _____

Application is hereby made for a license to operate a Retail Food, Bed & Breakfast, Seasonal, Mobile Food, Temporary Food, Catering, or Non-Profit Establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-15.5

(Bed & Breakfast sanitation requirements) 410 IAC 7-22 (food handler requirements), 410 IAC 7-23 (schedule of civil penalties), 410 IAC 7-24 (food establishment sanitation requirements), and Putnam County Ordinance 15-3-2 and any future amendments. It is further agreed that the establishment shall be open to inspection daily by agents of the Putnam County Health Department.

I attest that I have read and acknowledge the accuracy of the information provided herein and that I have read and understand all rules and guidelines to obtain a food permit in Putnam County.

Signature: _____

Date: _____

Printed Name: _____ Title: _____

Please pay with cash, check, credit card or money order to **Putnam County Health Department.**

Application for Permanent Food Establishments postmarked after January 1st will be assessed a \$25.00 late fee.

ALL FOOD PERMITS EXPIRE ON DECEMBER 31st of year issued.