

FULTON COUNTY HEALTH DEPARTMENT

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APPLICATION FOR A FOOD SERVICE PERMIT RETAIL OR BED AND BREAKFAST

Application is hereby made for a permit to operate a food establishment in Fulton County. By this application it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24 and Fulton County Food Ordinance 080502 or any subsequent regulations. It is further agreed that the establishment will be open to inspections by the agent of the Fulton County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit. **A \$100 fee will be due when the permit is issued or renewed. Please enclose a copy of your Certified Food Protection Manager Certification.**

YOUR PERMIT IS NON-TRANSFERABLE THE APPLICATION FEE IS NON-REFUNDABLE

Any change of ownership, location or operator requires a new permit. All permits expire December 31st of each year.

You must fill out this form completely and accurately. This form must be signed and returned before the permit will be issued. Form must be returned by December 31 of current year. A \$500 penalty may be issued for failure to comply.

Name of Establishment: _____

_____The name commonly used or "doing business as" name.

Establishment address: _____

City _____ State _____ Zip _____

Establishment mailing address if different _____

City _____ State _____ Zip _____

Mobile Unit Commissary Address _____

City _____ State _____ Zip _____

Business Telephone: _____

Fax _____

Email _____

Owner or Owners (this should include anyone involved, example partner)

If corporate owned:

Name and Address of central office _____

On site manager _____

The person responsible for daily operations.

Building owner name: _____

Person responsible for physical structure

What is the owner responsible for?

Building owner's address _____

Building owner telephone _____

Number of employees _____

Emergency contact person _____

Emergency Phone _____

Please submit menu if applicable:

Do you cater? Yes _____ No _____

If yes, is Proper Equipment available for safe food handling and handwashing?

How is food transported?

What is done with leftover food?

Public Water Supply _____ Yes _____ No

Well water please mark no

The owner or authorized agent of an existing converted, remodeled, renovated or a newly proposed structure as a food operation must have submitted plans for review and approval. The plans and specifications shall be deemed satisfactory and approved by the Fulton County Health Department and the Fulton County Plan Commission before a Food Permit can be issued.

If a ventilation hood or a renovated ventilation hood is included in the plans a copy of the approval from Homeland Security must be provided.

*Fulton County Health
Department _____*

Date _____

Fulton County Plan
Commission _____

Date _____

CERTIFIED FOOD PROTECTION MANAGER:

Expiration Date _____

Please provide copy of certificate.

Signature: _____ Title: _____
(Person completing form needs to sign)

Print Name: _____ Date: _____

For official use only

Menu Type

1 2 3 4

Date Issued: _____

Date Expires: _____

Permit fee paid: _____

Comments: