

MIAMI COUNTY HEALTH DEPARTMENT FOOD PERMITS

25 Court Street, Suite 211, PERU, IN 46970

Phone: 765-473-0284; 765-473-0283; fax 765-473-0285

OFFICE HOURS 8-9AM & 12:30-1:30PM

**APPLICATION FOR A PERMIT TO OPERATE
A RETAIL FOOD ESTABLISHMENT**

Application is hereby made for a permit to operate a retail food establishment. 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 Miami County Food Operation Ordinance 7-18-05 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Miami County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit unless establishment is seasonal which shall be made prior to reopening.

YOUR PERMIT IS NON-TRANSFERABLE

Any change of ownership, or location, requires a new permit. A new permit or change of ownership permit issued on or after July 1 will have the permit fee reduced by 50% for the original year. All permits expire December 31st of the year issued.

You must fill out this form completely and accurately. Return the **signed original form** and the **proper fee (\$60.00 for all establishments)** to the Miami County Health Department. Submitting does not guarantee a permit will be issued. Late Fee: \$25.00 if not paid by January 31.

Any changes in the information provided should be reported to the Health Department.

This permit is for the submitted menu only.

NON-PROFIT ONLY

No permit fee shall be paid by an organization that is exempt from taxation under Section 501 of the Internal Revenue Service code. Events conducted by the organization under this section take place no more than 15 days in any calendar year. This section does not prohibit an exempted organization from waiving the exemption for a license under this chapter. A copy of tax exemption required.

Our organization waives the exemption.

Signed: _____ Title: _____ Date: _____

Name of Establishment: _____

The name commonly used or known, or the "doing business as" name.

Location of Establishment: _____

The physical location of the establishment. This may not be the same as the mailing address.

Establishment Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

The legal mailing address of the business by which the local operator or manager may be reached.

Business Telephone: _____ **Fax:** _____

Number which rings at the local business.

Business Owners Name: _____

The person or corporation which owns the business. In a small business this may be the manager.

Business Owners Address & Phone #: _____

The person or corporation which owns the business..

Certified Food Handler's Name & Position: _____

Certified Food Handler Certificate's Expiration Date: _____

Certificate and photo ID card must be available at establishment & a copy of each sent with application

(Continued on back)

On-Site Manager's Name: _____
The person responsible for the daily operation and is available at the business

Number of Employees: _____
Indicate maximum number of employees working for food establishment.

Building Owner's Name: _____
The person or company which owns the physical structure which houses the business.

Building Owner's Address: _____

Building Owner's Telephone: _____

E-Mail Address: _____
If the operator or manager has an e-mail address, show it here.

Emergency Telephone: _____
Number which will reach some one in authority in case of an emergency when business is closed.

Must Submit Menu _____
A permit will not be issued without this information

Where is food prepared: _____

Establishments Daily Opening & Closing Times:
Show the actual opening and closing times of the business. Be exact!

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

If seasonal opening and closing dates: Open: _____ Close: _____

Public Water Supply ___ Yes ___ No **Public Sewage Disposal:** ___ Yes ___ No
If the business is served by a public utility, mark yes. If private well or sewage disposal mark no.

Is there Off Site Catering from this Location? ___ Yes ___ No
(If yes, is Proper Equipment available for safe handling, transport, and hand washing when required? ___ Yes ___ No)

Signature: _____ **Title:** _____
(The person who fills out the application needs to sign it, plus title.)

Print Name: _____ **Date:** _____

<u>DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY</u>	
<input type="checkbox"/> Food Handling Establishment	<input type="checkbox"/> Non Food Handling Establishment
Menu Type: 1 2 3 4 5	

Receipt Number: _____	Date Issued: _____
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Payment Received: \$ _____	Date Expires: <u>last day of calendar year</u>
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