

**MIAMI COUNTY HEALTH DEPARTMENT CAMP CAR 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 RAILROAD MOBILE CAMP**

Application is hereby made for a permit to operate a railroad camp. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 6-14 and IC 16-19-3-4.4 and Miami County Railroad Camp Car Inspection Ordinance 7-19-2010 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 and request of inspection shall be made no later than two (2) days upon arrival in Miami County. The permit fee must be paid prior to initiation of inspection.

***YOUR PERMIT IS NON-TRANSFERABLE***

Any change of ownership, or location, requires a new permit. A new permit is required after leaving Miami County and returning. **You must fill out this form completely and accurately.** Return the **signed original form** and the **proper fee (\$465 for 1-10 cars; \$620 for 11-20 cars and \$775 for 21 or more cars.)** to the Miami County Health Department. Submitting does not guarantee a permit will be issued. Late Fee: \$250.00 (per day) if a permit is not obtained within the two (2) day arrival period

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

**Gang ID:** \_\_\_\_\_ **This permit is for the designated gang only.**

**Name of Establishment:** \_\_\_\_\_  
The name commonly used or known, or the "doing business as" name.

**Location of Camp:** \_\_\_\_\_  
The physical location of the railroad camp.

**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.

**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 railroad camp.

**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.

**Number of camp cars including kitchen, dining and cooks quarters** \_\_\_\_\_

A permit will not be issued without this information

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

(The person who fills out the application needs to sign it, plus title.)

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY**

\_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Payment Received: \$ \_\_\_\_\_ Date Expires: last day of calendar year