



REGISTRATION APPLICATION FOR A RETAIL FOOD ESTABLISHMENT

State Form 49677 (R4/4-05)
INDIANA STATE DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM

410 IAC 7-24-107 PREREQUISITE FOR OPERATION

- (a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
- (b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.
- (c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

Please complete all applicable sections of this form

O W N E R	Owner/Lessee Name:		Telephone Number:
	Mailing Address:		Fax Number:
	Email Address:		
	Lessor's Name (building owner):		Telephone Number:
	Mailing Address:		
	Email Address:		
B U S I N E S S	Name of Business:		Telephone Number:
	Physical Location:		Fax Number:
	Mailing Address:	Sewage Disposal: <input type="checkbox"/> City <input type="checkbox"/> Private	
	Operator:	Water Source: <input type="checkbox"/> City <input type="checkbox"/> Private; PWS #:	
	Mailing Address:		Telephone Number:
	Name of Certified Food Handler:		Email Address:
	On-Site Supervisor:		Telephone Number:
	Hours of Operation:	Days of Operation:	
	Type of Business: <input type="checkbox"/> Permanent <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary		Off-Site Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Food to be Served:		
	T E M P O R A R Y	Name of Temporary Event:	
Event Location (i.e. Building or Physical Location):			
Event Contact:		Telephone Number:	
Date(s) and Hours(s) of Operation:		Food Prep and/or Storage Off-Site <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Off-Site Prep and/or Storage Unit:			
Food to be Served:			

Return completed Form:

Indiana State Department of Health
Food Protection Program, Room 5C
2 North Meridian Street
Indianapolis, IN 46204
317/233-7360

_____ (Original Signature of Applicant)

_____ (Date)

_____ (Printed Signature of Applicant)

_____ (Title)

For Office Use Only: Menu Type _____

Registration Number: _____