

FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO RD NEW ALBANY, IN 47150 • PHONE: 812-948-4726 • FAX: 812-948-2208 • WWW.FLOYDCOUNTYHEALTH.ORG
OFFICE HOURS: MONDAY - FRIDAY 8AM - 4PM

Application for Retail Food Establishments

ESTABLISHMENT INFORMATION

Name _____ License Plate # (If mobile) _____
Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Mailing Address (If different from facility) _____ City _____ State _____ Zip _____
Email _____

(A COPY OF CFM CERTIFICATE MUST BE PROVIDED WITH APPLICATION IF HANDLING RAW MEAT)

Certified Food Manager _____ Certificate# _____ EXP _____

OWNERSHIP

☐ ASSOCIATION ☐ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ OTHER LEGAL ENTITY _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Email _____

ESTABLISHMENT OPERATOR/ MANAGER

Name _____ Phone _____
Email _____

ADDITIONAL CONTACT TITLE OR ROLE

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Email _____

Has the establishment's menu changed in the last year? ☐ YES ☐ NO
Has the establishment added additional space or remodeled in the last year? ☐ YES ☐ NO
Would the establishment be interested in being a commissary to a Mobile Food Est? (Food truck) ☐ YES ☐ NO

MOBILE VENDORS MUST SUBMIT THE FOLLOWING IF THEIR COMMISSARY IS NOT IN FLOYD COUNTY.

► Updated Commissary Agreement ► Commissary's Permit ► Commissary's latest inspection report

Permits shall be renewed annually and will be valid from January 1st to December 31st of the following year. Late fees (50% of annual permit + annual permit fee) apply if the payment is being made after December 31st. Make all checks or money orders payable to the Floyd County Health Department. Permit fees are based upon the following Ordinances: FCO-2025-18, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.

By signing below the applicant attests to the accuracy of the information provided in the application, and affirms that the applicant will comply with FCO-2025-18, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814 and allow the Floyd County Health Department access the Bed and Breakfast Establishment, Retail Food Establishment, and/or Temporary Food Establishment and records as specified in 410 IAC 7-15.5 and 410 IAC 7-26.

APPLICANT

(Signature)

(Printed)

RESERVED FOR OFFICE USE

PERMIT # _____ PERMIT FEE \$ _____ DATE PAID _____ RECEIPT # _____ CLERK INITIALS _____