

# 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 ENTITIY \_\_\_\_\_

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 \_\_\_\_\_