

Parke County Health Department

116 High Street, Room 12
Rockville, Indiana 47872
sanitarian@parkecounty.in.gov



Phone: 765-569-6665
FAX: 765-569-4061
parkecounty.in.gov

Retail Annual Food Permit Application *(Please Print Clearly)*

This application is for Operating Permits for Food Service Establishments, Markets, and Caterers. **YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. A LATE FEE OF \$50.00 WILL BE ADDED IF POSTMARKED AFTER DECEMBER 31ST.** We accept Cash, Checks, Money Orders, Discover, Visa, or MasterCard (credit/debit card processing fees apply). If paying by card, please complete page 4 of this application before submitting. **IF SENT BY MAIL, A PRE-STAMPED AND ADDRESSED ENVELOPE MUST BE SENT WITH THE APPLICATION.** If an envelope is not included with application, the permit will be available at the Health Department during regular business hours.

Establishment Name: _____

Establishment Address: _____

Establishment Telephone #: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's E-Mail Address: _____

Owner's Telephone # _____ for Recall Notices/Emergency ONLY

Owner's Fax#: _____ for Recall Notices/Emergency ONLY

Operator: _____ Directly Responsible for Establishment i.e. Manager

Operator's Mailing Address: _____

District Manager (if applicable): _____

District Manager Mailing Address: _____

District Manager Telephone #: _____

Certified Food Handler: _____

Food Handler Certificate #: _____

Food Handler Certificate Expiration Date: _____

(If applicable, you must have a certified food Handler on Staff. **This information *must* also be available at the establishment.**)

Please mark only ONE Menu Type

Select Menu Type to determine fee:

Menu Type / Late Fee

**Select Menu Type /
Late Fee (if applicable)**

<p>1. Pre-packaged potentially hazardous foods only. Limited preparation of non-potentially hazardous foods only.</p>	<p>\$35.00</p>	
<p>2. Limited menu (1-2 main items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood department. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling, and reheating are limited to 1-2 potentially hazardous foods.</p>	<p>\$80.00</p>	
<p>3. Extensive handling of raw ingredients. Preparation process includes the cooking, cooling, and reheating of potentially hazardous foods. Food processes include preparation for next-day service. Retail food operations include deli and seafood department operations. Also included is food processing at the retail level, e.g. smoking and curing; reduced oxygen packaging for extended shelf-life. Category would also include those facilities whose service population is highly susceptible.</p>	<p>\$125.00</p>	
<p>Late Fee (if postmarked/received after December 31st preceding year for which permit is purchased)</p>	<p>\$50.00</p>	
<p>State or federally recognized non-profit organization receiving payment for serving the public 15 days or less per calendar year.</p>	<p>\$0.00</p>	

IMPORTANT REMINDER

All changes of personnel must be reported to the Parke County Health Department immediately.

Hours of Operation

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

I, _____, attest to the accuracy of the information provided in this application. I allow the Parke County Health Department access to the establishment of application and all pertinent records as specified in 410 IAC 7-15.5 and IAC 7-24 in compliance with the Parke County Food Protection Ordinance – 4.

Date of Application: _____ Amount Enclosed: _____

Signature of Owner or Manager: _____

Parke County Health Department

Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a convenience fee of \$1.00 + 1.99%.

Please complete fully.

I, _____ **[printed name]**, authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after _____ **[date]**.

Signature _____

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the aforementioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: _____

Billing Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Office Use Only

OTC Local Reference ID: _____ Initials: _____ Date: _____

Please Fill Out Card Information

Account Type (Choose One): Visa MasterCard Discover

Account Number: _____ Expiration Date: _____

Security Code (3 Digit): _____