



Blackford County Health Department

506 E Van Cleve St
Hartford City IN 47348
Phone (765) 348-4317
Fax (765) 348-3041

<https://www.in.gov/localhealth/blackfordcounty>

NON-PROFIT APPLICATION FOR FOOD LICENSE

(Self-addressed stamped envelope required)

NOTE: A late fee of \$50.00 will be charged for all applications received after the deadline of December 31st.

APPLICATIONS received by mail must be postmarked on or before the deadline of December 31st.

ESTABLISHMENT INFORMATION

Establishment Name: _____ Phone: _____

Establishment Address: _____ E-Mail: _____

City/Town: _____ State: _____ Zip Code: _____

Hours of Operation: _____ Catering: YES NO

Establishment Type: _____

ie: restaurant, retail, tavern/restaurant, markets, bed & breakfast, mobile food sales, all vending

Water Supply: Public Private Well Sewer Public Septic

501 C NUMBER: _____

Name of Current Certified Food Handler: _____

Certificate Date of issue: _____

OWNERS INFORMATION

Owners Name: _____ Phone: _____

Owners Address: _____ E-Mail: _____

City/Town: _____ State: _____ Zip Code: _____

TOTAL FEE: _____ AMOUNT OF FEE SUBMITTED: _____

CHECK/MONEY ORDER _____ CASH _____

Signature _____ Date: _____