



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>

APPLICATION FOR FOOD LICENSE

(Self-addressed stamped envelope required)

NOTE: A late fee of \$100.00 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

LICENSE# _____

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

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: \$100.00 AMOUNT OF FEE SUBMITTED: _____

Late fee adds \$100.00

CHECK/MONEY ORDER _____ CASH _____

Signature _____

Date: _____