



Public Health
Prevent. Promote. Protect.

Brown County Department of Health

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P.O. Box 281
200 Hawthorne Dr.
Nashville IN 47448
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812/988-5603 FAX

Norman Oestrike, MD
Health Officer

APPLICATION for a FULL FOOD LICENSE

From January 1, 2024 to December 31st 2024

For Operation of A Retail Food Establishment

Application is hereby made for a license to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-24, 410 IAC 7-15.5, and Brown County Ordinances 08-17-98-01, 11-18-96. It is further agreed that the establishment shall be open to inspection by agents of the Brown County Health Department.

THIS PERMIT IS NOT TRANSFERABLE –new business ownership must obtain a new permit.

If you are renewing a license, the Payment must be made between January 2nd and January 31st

-unless you are a seasonal operation-

There is a 10% a day late fee for payments later than January 31st.

BCHD can accept:

Check, Credit/Debit Card (3% fee on cards), Cashier's Check, Cash or Money Order,

(The Brown County Health Department reserves the right to refuse a check, and there is a 3% fee on credit or debit cards. We can take credit/debit information over the phone)

THIS SIGNED ORIGINAL FORM MUST BE RETURNED TO OUR OFFICE even if you pay online with a credit/debit card

Checks are to be made payable to the **Brown County Health Department**; we have the right to refuse to accept a check. Mailing address; P O Box 281, Nashville IN 47448

The fee is not refundable. Submitting this application does not guarantee a license will be issued.

Name of Establishment: _____

The name commonly used or the "doing business as" name.

Mailing Address: _____ **State:** _____ **Zip:** _____

The legal mailing address of the business-this may or may not be the same as the street location

Street Location of Establishment: _____

Phone: (_____) _____ **Emergency Phone:** (_____) _____

In case of emergency, if business is closed

Business Operator's Name: _____

The person or corporation that owns the business.

Business Owners Mailing Address: _____ **State:** _____ **Zip:** _____

Business Owner's Phone/Cell: (_____) _____

E-Mail Address: _____ @ _____

If the operator or manager has an e-mail address, please show it here.

Website Address: _____
If the business has a web address show it here-it is not required

On-Site Manager's Name: _____
If more than one, please indicate General Manager

Building Owner's Name: _____
The person or company that owns the building that is housing the business.

Food Items: _____

Suppliers: _____

Establishment's Daily Opening & Closing Times: _____ / _____

Is this a Seasonal Operation? Yes ___ No ___ If yes – opening date _____

Public Water Supply?: ___ Yes ___ No Is the business served by a public utility?

Public Sewage Disposal?: ___ Yes ___ No If private septic system or sewage disposal, mark "no".

CERTIFIED FOOD MANAGER REQUIRED on staff –

Title 410 IAC 7-22-15(g) www.IN.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm

NAME _____

NUMBER _____ **Expiration date:** ___/___

Company: _____
Name of Person, Certification Number, plus the company name where they are certified (such as ServSafe)

I attest to the accuracy of the information provided herein;

Signature: _____

Print Name: _____ **Date:** _____

Title: _____
The person who fills out the application needs to sign this application, plus indicate their title.

Food License Fee:
1-5 Employees-\$120.00 6-9 Employees-\$240.00 10 or more-\$300.00

Do not write below this line. For office use only.

- 1 Pre-packaged, Non PHF, no Modified Atmosphere Packaging or ROP
- 2 Limited items, pre-packed foods cooked to order. Minimal ingredient assembly
- 3 Extensive handling of raw ingredients. Cooking, Cooling, Reheating, Hot/cold holding
- 4 Extensive handling of raw ingredients, Highly sensitive populations served
- 5 Food prep including ROP, smoking, curing, and all processes requiring a HACCP Plan and variance

Payment Received: \$ _____ Date License Issued: _____