



**Public Health**  
Prevent. Promote. Protect.

# Brown County Department of Health

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P.O. Box 281  
Nashville IN 47448  
812/988-2255  
812/988-5603 FAX

*Norman Oestrike, MD*  
*Health Officer*

## **APPLICATION for a LIMITED FOOD LICENSE January 1<sup>st</sup>, 2024 to December 31<sup>st</sup> 2024 (payment not to be made before January 2nd)**

**(This license is for the Operation of a Retail Food Establishment serving only pre-packaged food requiring no preparation, but possibly requiring some refrigeration/freezing)**  
Application is hereby made for a license to operate a retail food establishment with a limited food selection restricted to only pre-packaged food that may require refrigeration and freezing. 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 ownership needs a new permit.**

**Payment must be made between January 2nd and January 31st  
(unless you are a seasonal operation) **Do Not Pay Earlier!****

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

**BCHD can accept:**

**Check, Credit/Debit Card, 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,**  
Mailing address is 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-not required

**On-Site Manager's Name:** \_\_\_\_\_

This person is responsible for the daily operation at the business location.

**Building Owner's Name:** \_\_\_\_\_

The person or company that owns the building that is housing the business.

**Food Items:** \_\_\_\_\_  
\_\_\_\_\_

**ALL Freezers and cooling units are required to have a temperature measuring device.**

**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".

## **NO CERTIFIED FOOD MANAGER REQUIRED -**

**This establishment is exempt by menu (only pre-packaged foods)**

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

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**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.*

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**1 Pre-packaged, Non PHF, no Modified Atmosphere Packaging or ROP, no food preparation, cooking, cooling, reheating.**

**Assigned Risk Category: 1**

**Payment Received: \$** \_\_\_\_\_ **Date License Issued:** \_\_\_\_\_