



Public Health
Prevent. Promote. Protect.

Brown County Department of Health

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Norman Oestrike, MD
Health Officer

APPLICATION FOR A NON-PROFIT FOOD LICENSE for 2024

For the operation of A Retail Food Establishment operating as a 501 (c) 3 application is hereby made for a license to operate a non-profit 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 daily by agents of the Brown County Health Department.

THIS PERMIT IS NOT TRANSFERABLE!

This permit is issued only to the business named on the permit, any sale of the business requires a new permit.

Food Licenses run from January 1st, 2024 to December 31st, 2024

There is no fee for this license

This license is requested for informational purposes only. The BCHD does not regulate non-profit food establishments..

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: _____

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: _____

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 non-profit status

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

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.

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

Assigned Risk Category: 1 2 3 4 5

No payment required; Date License Issued: _____