



Brown County Department of Health

bchealth@browncounty-in.gov

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

Mike Conway, MD 2025
Health Officer

APPLICATION for a FULL FOOD LICENSE

From January 1, 2026 to December 31st 2026

For Operation of a Full 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 7-26, 410 IAC 7-15.5, and Brown County Ordinance 2025-06-04-000. 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.

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

There is a 3% fee on credit or debit cards. We can take credit/debit information over the phone

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

THIS SIGNED ORIGINAL FORM MUST BE RETURNED TO THE OFFICE

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 Owner'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)
**PLEASE INCLUDE A COPY OF THE CERTIFICATION. IF YOU DO NOT PREPARE ANY RAW MEAT, POULTRY
OR SEAFOOD YOU ARE NOT REQUIRED TO HAVE A CERTIFIED FOOD MANAGER ON STAFF BUT MAY
HAVE TO HAVE A PERSON-IN-CHARGE BE ABLE TO ANSWER EXTENSIVE FOOD SAFETY QUESTIONS**

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 Fees:

- 1-5 Employees-\$140.00
- 6-9 Employees-\$260.00
- 10 or more employees-\$340.00
- 21 or more employees \$400.00

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

- ☐ 1 Extensive handling of raw ingredients. Cooking. Cooling , Reheating, Hot/cold holding
☐ 2 Highly sensitive populations served (Hospital, Schools, Senior Centers etc).
☐ Special Processes used; ROP, cold smoking, curing, and all other processes requiring a HACCP
Plan and/or variance as per 410 IAC 7-26 Section 218

Payment Received: \$_____ Date License Issued: _____