



Brown County Department of Health

bchealth@browncounty-in.gov

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

Michael Corwin, MD
Health Officer

APPLICATION for a LIMITED FOOD LICENSE January 1st, 2026 to December 31st 2026

(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 7-26, IC 7-15.5, and Brown County Ordinances 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 ownership needs a new permit.

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)

Checks are to be made payable to the **Brown County Health Department,**

Mailing address is P O Box 281, Nashville IN 47448

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

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: _____ @ _____

an e-mail address is required, please show it here.

Website Address: _____

If the business has a web address-not required

On-Site Manager's Name: _____

This person is the Person-In-Charge who 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: _____AM _____PM

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 IS REQUIRED

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

Title 410 IAC 7-26 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.

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 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: _____