



Brown County Department of Health

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*Michael Conway, MD
Health Officer 2026*

APPLICATION FOR A NON-PROFIT FOOD PERMIT for 2026

For the operation of a Food Establishment operating as a 501 (c) 3 application is hereby made for a permit for a non-profit food establishment. This permit is a formality only, to provide contact information in case of a food safety emergency such as food item recalls. BCHD does not regulate or inspect non-profits. 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, and Brown County Ordinance 2025-06-04-000. It is further agreed that the establishment shall be open to inspection if needed by agents of the Brown County Health Department.

THIS PERMIT IS NOT TRANSFERABLE!

This permit is issued only to the non-profit named on the permit, any transfer requires a new permit.

Food Licenses run from January 1st, 2026 to December 31st, 2026

There is no fee for this permit

The following information is requested for informational purposes only. The BCHD does not regulate or inspect non-profit food establishments..

NAME of Non-Profit: _____
The name commonly used or the "doing business as" name.

Mailing Address: _____ **State:** _____ **Zip:** _____
The legal mailing address of the non-profit -this may or may not be the same as the street location

Street Location of Establishment: _____

Phone: (_____) _____ **Emergency Phone:** (_____) _____
In case of emergency

Operator's Name: _____
The person or corporation that owns or regulates the non-profit

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 there is one

On-Site Manager's Name: _____
This person is responsible for the operation at the location.

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

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 7-26 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.

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. Prep, Cooking. Cooling ,Reheating, Hot/cold holding
- ☐ 4 Extensive handling of raw ingredients, Highly sensitive populations served

Assigned Risk Category: 1 2 3 4

No payment required; Date License Issued: _____