



Public Health
Prevent. Promote. Protect.

Brown County Department of Health

bchealth@browncounty-in.us

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

Norman Oestrike, MD
Health Officer

APPLICATION for a BED and BREAKFAST LICENSE 2024

Make Payment between January 2nd and 31st **(late payment incurs a 10% per day fee)**

Application is hereby made for a license to provide food as a part of the services of a Bed and Breakfast 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 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.

Licensing period of - January 1st, 2024 to December 31st, 2024-

(There is no pro-rating of this license)

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: _____

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: _____

Breakfast is served from: _____ to _____

Is this a Seasonal Operation? Yes ___ No ___ If yes – opening date _____

Public Water Supply?: ___ Yes ___ No Is the business served by a public utility? If not, annual well testing is required, with copies of acceptable results provided to the Brown County Health Department.

Public Sewage Disposal?: ___ Yes ___ No If private septic system or sewage disposal, mark "no".

**NO CERTIFIED FOOD MANAGER REQUIRED -
This establishment is exempt by B&B status**

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

**Annual Fee is \$120 for Bed and Breakfast Establishments
BCHD can accept checks, cash, money orders.**

Credit/debit cards will have a 3% fee added

**This signed application form needs to be delivered to the office at 200
Hawthorne Drive or P. O Box 281 Nashville IN 47448**

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 prepacked 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

Payment received ; _____ Date License Issued: _____