



**Public Health**  
Prevent. Promote. Protect.

# CARROLL COUNTY HEALTH DEPARTMENT

101 West Main Street, Delphi, Indiana 46912

Phone: 765-564-3420 Fax 765-564-6161

Emily Backer MD, Health Officer

*Keeping Carroll County Healthy*

## APPLICATION FOR A PERMIT TO OPERATE A RETAIL FOOD ESTABLISHMENT

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of Carroll County Ordinance 2000-13. It is further agreed that the establishment shall be open for inspection by agents of the Carroll County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit. All permits expire June 30<sup>th</sup> of each year.

**THIS PERMIT IS NOT TRANSFERABLE!! Any change of owner or operator requires a new permit**

You must fill out this form completely and accurately. Return the signed original form and the proper fee (\$70.00 for all establishments) to the Carroll County Health Department. Submitting this application does not guarantee a permit will be issued. Any changes in the information provided should be reported to the Health Department.

**Name of Establishment:** \_\_\_\_\_  
The name commonly used or known, or the 'doing business as' name

**Location of Establishment:** \_\_\_\_\_  
Physical location of establishment

**Establishment Mailing Address:** \_\_\_\_\_  
Business Mailing Address

**Business Operator's Name:** \_\_\_\_\_

**On-Site Manager's Name:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Emergency Telephone:** \_\_\_\_\_  
Telephone # of Business

**Responsible Person's Email:** \_\_\_\_\_

**Certified Food Handler:** \_\_\_\_\_

**Building Owners Name:** \_\_\_\_\_

**Establishment's Daily Opening & Closing Times:** Sunday \_\_\_\_\_ Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_

**Public Water Supply:** \_\_\_\_\_ YES \_\_\_\_\_ NO **Sewage Disposal:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Is There Off-Site Catering from This Location?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**If Yes, Is Proper Equipment available for Food Handling, Transport, and Handwashing When Required?**  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do Not Write Below This Line. For Official Use Only**

Menu Type: 1 2 3 4 5

Est. ID# \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Payment \$ \_\_\_\_\_

Date Issued \_\_\_\_\_

**Expires June 30<sup>th</sup> of Each Year**