



Clinton County Health Department
1234 Rossville Avenue, Suite B, Frankfort, IN 46041
Phone: 765-659-6385 Fax: 765-659-6387



Annual Retail Food Establishment Application

(All information must be completed to process)

Date: _____

Establishment Name: _____

Establishment Address: _____

Phone #: _____

Mailing Address: _____

Certified Food Manager: _____

Please provide copy of Certified Food Protection Manager Certificate, for Risk Category 2 and above

Owner Name: _____

Owner Address: _____

Owner Phone #: _____

Days/Hours of Operation: _____

Manager/ Person in Charge Name: _____

Phone #: _____

Email Address for Establishment/Manager: _____

Menu Items: (include all items made; esp. from raw ingredients)

Over----->

Fee Schedule

Annual – Risk Category 1	\$180.00
Annual - Risk Category 2	\$260.00
Annual - Risk Category 3	\$340.00
Annual - Risk Category 4	\$400.00

**Business Name/Ownership Change of establishment for Retail Food
Establishments/Grocery Stores**

Administration and Application Fee - \$50.00

***Failure to notify the Clinton County Health Department/Failure to fill out and
submit application for Business Name/Ownership Change for Retail Food
Establishments and Grocery Stores
(In addition to above Administration Fee) - \$100.00**

***Retail Food Establishment/Grocery Store**

Annual Permit Late Fee - \$200.00

_____ For Office Use Only _____

Permit # _____

Fee Paid _____

Permit Issued _____

Issued By _____