



Public Health
Prevent. Promote. Protect.

Clinton County Health Department

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Phone: 765-659-6385 Fax: 765-659-6387



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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 _____