



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

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



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

**Annual Retail Food Establishment Application**

(All information must be completed to process)

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Certified Food Manager:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Manager/ Person in Charge Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address for Establishment/Manager:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Over----->**

Melissa M. Pearson, M.D.  
Health Officer

Melissa Ostler  
Administrator

**Fee Schedule**

<b>Annual – Risk Category 1</b>	<b>\$180.00</b>
<b>Annual - Risk Category 2</b>	<b>\$260.00</b>
<b>Annual - Risk Category 3</b>	<b>\$340.00</b>
<b>Annual - Risk Category 4</b>	<b>\$400.00</b>

**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 \_\_\_\_\_