

Howard County Health Department
Division of Environmental Health
120 East Mulberry Street, Suite 210
Kokomo, IN 46901-4657

Phone 765-456-2403
Fax 765-456-2417

**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 the Indiana State Department of Health Rules 410 IAC 7-24, 410 IAC 7-22, and Howard County Retail Food Establishment Ordinance 2005-BCC-22. It is further agreed that the establishment shall be open to inspection daily by agents of the Howard County Health Department. **THIS PERMIT IS NOT TRANSFERABLE!** It is issued only to the person named on the permit. This form must be filled out completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE**, according to menu type, must be returned to the Howard County Health Department. The fee is not refundable. Submitting this application does not guarantee a permit will be issued. Any change of owner or operator requires a new permit. All permits expire December 31st of each year.

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: _____

The physical location of the establishment. This may not be the same as the mailing address.

Establishment Mailing Address: _____

_____ **State:** _____ **Zip:** _____

The legal mailing address of the business owner, or the address for permit renewal or other legal notice.

E-Mail Address: _____

If the operator or manager has an e-mail address, show it here.

Business Operator's Name: _____

The person or corporation which owns the business. In a small business this may be the same as manager.

On-Site Manager's Name: _____

The person responsible for the daily operation and is available at the business.

Manager's Immediate Supervisor: _____ **Phone:** _____

This could be the zone, district, or regional supervisor.

Building Owner's Name: _____

The person or company which owns the physical structure which houses the business.

Business Telephone: _____ **Fax:** _____

Number which rings at the local business.

Number where we may fax an invoice.

Emergency Telephone: _____

Number which will reach some one in authority in case of an emergency when business is closed.

Menu (if changed): _____

Indicate specific major menu item *changes* in the past year.

(Continue on next page.)

Establishment's Daily Opening & Closing Times:

Show the actual opening and closing times for the business. Be exact!

Sun: _____ Mon: _____ Tue: _____ Wed: _____
Thur: _____ Fri: _____ Sat: _____

Public Water Supply: ___ Yes ___ No **Public Sewage Disposal:** ___ Yes ___ No

If the business is served by a public utility, mark "yes". If private well or sewage disposal, mark "no".

"Smoke Free" Establishment ___ Yes ___ No

Is There Off-Site Catering From This Location? ___ Yes ___ No

(If Yes, Is Proper Equipment Available For Safe Food Handling, Transport, And Handwashing When Required? ___ Yes ___ No)

Food Handler Certification: Certified Employee _____

Please check which Certification the employee(s) hold(s).

- ServSafe®**, National Restaurant Association Expiration Date: _____
- Certified Professional Food Manager®**, Exporior Assessments, LLC Expiration Date: _____
- Certified Food Safety Manager**, Nat'l Registry of Food Safety Professionals Expiration Date: _____

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

I attest to the accuracy of the information provided herein.

Signature: _____ **Title:** _____

The person who fills out the application needs to sign it, plus title.

Print Name: _____ **Date:** _____

Do not write below this line. For Official Use Only.

0 1 Pre-packaged, Non PHF 0 2 Cook / Serve 0 3 Full Service, Limited Reheat 0 4 Full Service, Advanced Prep 0 5 Full Service, Alternate Processing Assigned Risk Category:	0 Modified Atmosphere Packaging 0 Shellstock 0 Certification exempt 0 Certification required 0 Certification requirement met 1 2 3 4 5
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Permit Number: _____	Receipt Number: _____
Payment Received: \$ _____	File Date: _____
Date Issued: _____	Date Expires: _____