



Public Health
Prevent. Promote. Protect.

For 2024

Huntington County Health Department
1330 S. Jefferson Street
Huntington, IN 46750
Office (260) 358-4833 Fax (260) 358-4899

****PLEASE CIRCLE THE APPROPRIATE OPTION and COMPLETE ALL SECTIONS INCLUDING THE BACK OF THIS PAGE****

- A) **Annual Food Establishment/Seasonal Food Permit/Retail** \$100.00 * After January 15th an additional \$100 will be required (Late Fee + Permit Fee)
Seasonal Permit holders are exempt from late fee
- B) **NEW Food Establishments** open after August 1st \$50.00
- C) **Annual Food Establishment** with a Mobile Food Truck (1) \$150.00 limit 1 Mobile Unit
- D) **Temporary Food Permit** \$20.00 per event/ \$100 Unlimited set up-no more than 14 consecutive days (DOES NOT INCLUDE MOBILE FOOD TRUCKS, TRAILERS or PUSH CARTS)
- E) **Annual Mobile Retail Food Truck, Trailer or Push Cart** \$150.00
- F) **Temporary Mobile Retail Food Truck, Trailer or Push Cart** \$75.00 PER EVENT (please keep in mind-2 temporary events does **not** qualify for an annual permit)
- G) **Bed and Breakfast Establishment Permit**-\$125.00 *After January 15th \$100 ADDITIONAL (LATE FEE+ Permit fee)

PLEASE NOTE: AN APPROVED FOOD PERMIT MUST BE RECEIVED PRIOR TO OPENING ANY TYPE OF FOOD SERVICE. Permits are NOT transferable and must be displayed in accordance to the Huntington County Retail Food Ordinance 2023. NO REFUNDS

ESTABLISHMENT INFORMATION-PLEASE CIRCLE THE TYPE OF ESTABLISHMENT:
Full Service Cafeteria/Fast Food/Tavern/School/Supermarket/Convenience/Deli/Other

Name of Establishment _____

Establishment Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

E-Mail Address _____ Establishment Phone# _____

Name of Owner _____ Phone# _____

Owner Address _____ City _____ State _____ Zip _____

**Name of Certified Food Manager _____ Expiration _____*

**** A copy of the ServSafe Certification is required and needs to be up to date****

I/We agree to abide by all provisions set forth in the Huntington County Food Ordinance 2023 and the Retail Establishment Sanitation Requirements 410 IAC 7-24. If the Food Establishment demonstrates non-compliance, the Huntington County Health Department can revoke the permit.

Signature of Owner/Manager _____ Date _____

Please Print Clearly _____

*Water Supply: _____ Public _____ Private (Well) *Sewage: _____ Public _____ Private (Septic)

MOBILE UNITS: *It is your responsibility to keep the Health Department informed of all Events*

*EVENT: _____ DATES: _____

*HOURS OF OPERATION: _____ MENU: _____

LICENSE PLATE NUMBER FOR MOBILE RETAIL FOOD TRUCK, TRAILER OR PUSH CART:
