



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

**For 2023**

**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\****

- A) **Annual Food Establishment/Seasonal Food Permit/Retail-\$100.00** -Late Payments After January 15<sup>th</sup> an additional \$100 (Late Fee + Permit Fee) **\*\*Seasonal Permit holders are exempt from late fee\*\*** NEW Establishments open after August 1<sup>st</sup>-\$50.00 remainder of year
- B) **Annual Food Establishment with a Mobile Food Truck (1)-\$150.00**
- C) **Annual Mobile Retail Food Truck, Trailer Permit or Push Cart-\$150.00**
- D) **Temporary Food Permit-\$20.00 per event/ \$100 Unlimited set up annually (DOES NOT INCLUDE MOBILE FOOD TRUCKS, TRAILERS or PUSH CARTS)**
- E) **Bed and Breakfast Establishment Permit-\$125.00**-Late Payments After January 15<sup>th</sup> \$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 2011-15. NO REFUNDS***

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 2011-15 and the Retail Establishment Sanitation Requirements 410IAC7-24. 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)

\*EVENT: \_\_\_\_\_ DATES: \_\_\_\_\_