

JENNINGS COUNTY HEALTH DEPARTMENT

**200 East Brown Street/ P.O. Box 323
Vernon, Indiana 47282
(812) 352-3027 fax: (812)352-3030**

Date: _____

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

REQUIRED INFORMATION (*information must be completed or permit will be denied)

Establishment _____ Phone _____

Street Address _____ City _____

State _____ Zip Code _____ Fax # _____

*Mailing Address _____

City _____

State _____ Zip Code _____

*Owners Name _____ Phone _____

*Mailing Address _____ City _____

*State _____ Zip Code _____ E-Mail _____

PLEASE CHECK ONE OF THE FOLLOWING

- Type of Business:** () Full Service Restaurant () Retail Grocery
 () Convenient Store () Tavern Preparing Food
 () Catering Service () Non Profit Organization
 () Other

- Days of Operation:** () Sunday () Monday () Tuesday () Wednesday
 () Thursday () Friday () Saturday

Hours of Operation: _____

Please List Food Items that will be served:

*CERTIFIED FOOD SAFETY HANDLER: _____ Exp. _____
_____ Exp. _____
_____ Exp. _____

Person's in Charge/Manager's _____

REMINDER

RETAIL FOOD ESTABLISHMENT LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR. PLEASE RENEW YOUR LICENSE BEFORE JANUARY 1ST OF THE FOLLOWING YEAR. A FEE WILL ACCUMULATE IF THE PERMIT IS NOT RENEWED IN A TIMELY MANNER. THIS LICENSE IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION. PLEASE SUBMIT THIS APPLICATION, THE EMPLOYEE VERIFICATION FORM, AND **A CURRENT COPY OF FOOD HANDLERS CERTIFICATION**, WITH A CHECK OR MONEY ORDER PAYABLE TO THE JENNINGS COUNTY HEALTH DEPARTMENT.

PERMIT FEE'S

1-5 EMPLOYEES	\$90.00	11-19 EMPLOYEES	\$250.00
6-10 EMPLOYEES	\$170.00	20 PLUS EMPLOYEES	\$340.00
Non Profit	\$80.00	Seasonal	\$50.00
LATE FEE	\$120.00		

Owner / Operator/ Manager's Signature _____

Title _____ Date _____

OFFICE USE ONLY:

Year _____ Permit # _____ Payment Method _____

How did the establishment receive their permit by: _____ Mail _____ in Person?

Department staff name that received the application _____

