

# KOSCIUSKO COUNTY HEALTH DEPARTMENT

o 100 WEST CENTER STREET o WARSAW o INDIANA o 46580 o

o TELEPHONE: 574-372-2349 o FAX: 574-269-2023

## THE UNDERSIGNED HEREBY MAKES APPLICATION TO OPERATE A RETAIL FOOD ESTABLISHMENT IN KOSCIUSKO COUNTY, INDIANA

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Check One  Renewal  New  Change of Owner

Business Name of Establishment \_\_\_\_\_

Physical Address of Establishment \_\_\_\_\_  
(Street Address Only) (City, State) (Zip Code)

Mailing Address \_\_\_\_\_  
(Only if other than location of establishment) (Street or Po Box) (City, State) (Zip Code)

Business Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Water Source (circle one): Public or (Private Well) Sewage (circle one): Municipal or Septic (On-Site System)

### **Ownership and Operation of Food Establishment**

Business Owner(s) \_\_\_\_\_  
(Name of Individual, Corporation Name, Organization Name, Etc)

Business Owner(s) Address \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Owner/Corporate Telephone # \_\_\_\_\_ Corporate Contact \_\_\_\_\_

Manager's Name \_\_\_\_\_  
(If other than owner)

### **Hours of Operation**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Open/Closed	___ - ___	___ - ___	___ - ___	___ - ___	___ - ___	___ - ___	___ - ___

If summer hours differ from winter hours, please reflect winter hours below

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Open/Closed	___ - ___	___ - ___	___ - ___	___ - ___	___ - ___	___ - ___	___ - ___

If Seasonal: Opening Month \_\_\_\_\_ Closing Month \_\_\_\_\_

### **PLEASE READ BEFORE SIGNING:**

By signing below: I/We agree to abide by all provisions set forth in 410 IAC 7-24 Retail Food Establishment Sanitation Requirements and the Retail Food Establishment and Bed & Breakfast Establishment Ordinance of Kosciusko County, Indiana. I/We also agree to notify the Kosciusko County Health Department of any change in ownership. I/We understand that this permit is issued only to the person/persons making application and IS NOT TRANSFERABLE. The Kosciusko County Health Department shall also be notified prior to remodeling, the purchase of equipment or any changes in the menu that require equipment or structural changes to the establishment.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**\*\*TO RECEIVE YOUR PERMIT, YOU MUST ENCLOSE A SELF-ADDRESSED  
STAMPED ENVELOPE WITH THIS COMPLETED APPLICATION OR YOU MAY  
OBTAIN YOUR NEW PERMIT AT THE KOSCIUSKO COUNTY HEALTH  
DEPARTMENT\*\***

HEALTH DEPARTMENT USE ONLY

**\$50.00 Retail Food Establishment Fee:**

Cash \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ License # \_\_\_\_\_ Issued By \_\_\_\_\_ Date Received \_\_\_\_\_