

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 Mobile

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 7-26 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: I.D # _____

Cash _____ Check/Money Order # _____ License # _____ Issued By _____ Date Received _____