

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

RULE 410 IAC 7-26 DEFINES ANY FOOD SERVICE, RETAIL FOOD SERVICE, OR MOBILE FOOD SERVICE ESTABLISHMENT THAT OPERATES AT ONE LOCATION FOR A PERIOD NOT TO EXCEED 14 CONSECUTIVE DAYS AS A TEMPORARY FOOD ESTABLISHMENT.

ANNUAL PERMIT \$75

ALL APPLICANTS MUST SUBMIT COPY OF MENU WITH APPLICATION

ESTABLISHMENT INFORMATION

BUSINESS NAME:

BUSINESS ADDRESS:

MAILING ADDRESS (IF DIFFERENT):

OWNER / OPERATOR NAME:

BUSINESS PHONE NUMBER:

ALTERNATIVE PHONE NUMBER:

E - MAIL ADDRESS:

BUSINESS TYPE: A SEPARATE PERMIT IS REQUIRED FOR EACH UNIT THAT OPERATES

<input type="checkbox"/> RESTAURANT (BRICK & MORTAR)	<input type="checkbox"/> FOOD STORE / MARKET
<input type="checkbox"/> FOOD TRAILER	<input type="checkbox"/> MICRO MARKET
<input type="checkbox"/> FOOD TENT	

OPERATING DAYS / TIME:

DAY	OPEN	CLOSE

(574) 946 – 6080

125 S Riverside Drive – Winamac, IN 46996

(219) 567 – 2175

101 Constitution Drive – Francesville, IN 47946

www.in.gov/localhealth/pulaskicounty/

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WATER & WASTE COMPLIANCE

WATER SUPPLY:

- PUBLIC WATER SUPPLY
- PRIVATE WELL
- OTHER:

WASTE DISPOSAL:

- PUBLIC SEWER
- SEPTIC SYSTEM
- OTHER:

HEALTH & SAFETY COMPLIANCE

FOOD SAFETY HANDLER / MANAGER CERTIFICATION

- YES (SUBMIT COPY WITH APPLICATION)

EMPLOYEE HEALTH AND HYGIENE TRAINING

- YES, EMPLOYEES ARE TRAINED IN FOOD SAFETY AND HYGIENE PRACTICES
- NO, BUT WE WILL TRAIN EMPLOYEES

ACKNOWLEDGMENT AND CERTIFICATION

BY SIGNING BELOW, I CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT A PERMIT IS REQUIRED AND THAT I MUST COMPLY WITH THE COUNTY OF PULASKI, STATE OF INDIANA, AS OUTLINED IN THE TERMS AND DEFINITIONS OF RETAIL FOOD ESTABLISHMENT ORDINANCE NO. 2006 – 1, AS AMENDED.

OWNER / OPERATOR

DATE

FOR INTERNAL USE ONLY	
PERMIT #:	_____
RECEIPT #:	_____
PAID: \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK/MO <input type="checkbox"/> DEBIT/CREDIT

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