

Pulaski County Health Department

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APPLICATION FOR A FOOD SERVICE PERMIT RETAIL OR BED AND BREAKFAST

Application is hereby made for a permit to operate a food establishment in Pulaski County. By this application it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24 and Pulaski County Food Ordinance No 08-2010 or any subsequent regulations. It is further agreed that the establishment will be open to inspections by the agent of the Pulaski County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit. **Fee will be due when the permit is issued or renewed. Penalties can apply for late registration.**

Annual Permit \$75 _____ Temporary Permit \$30 _____

Temporary Permits are due 30 days before event

**YOUR PERMIT IS NON-TRANSFERABLE
THE APPLICATION FEE IS NON-REFUNDABLE**

**Any change of ownership, location or operator requires a new permit.
All permits expire December 31st of each year.**

You must fill out this form completely and accurately. This form must be signed and returned before the permit will be issued. Form must be returned by December 31 of current year.

Name of Establishment: _____

Establishment address: _____

City: _____ State: _____ Zip: _____

Establishment mailing address if different _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Owner Name: _____ Phone: _____

On site Manager: _____

Type of establishment: _____

Please submit a copy of menu if applicable

Public Water Supply: Yes / No Well Water: Yes / No

The owner or authorized agent of an existing converted, remodeled, renovated or a newly proposed structure as a food operation must have submitted plans for review and approval. The plans and specifications shall be deemed satisfactory and approved by the Pulaski County Health Department before a Food Permit can be issued.

CERTIFIED FOOD MANAGER: _____

Expiration Date _____

Please provide copy of certificate.

Signature: _____ Title: _____

Print Name: _____ Date: _____

For official use only

Menu Type

1 2 3 4 5

Date Issued: _____

Date Expires: _____

Permit fee paid: _____

Comments:

Pulaski County Health Department

Prevent – Promote – Protect