



**Public Health**  
Prevent. Promote. Protect.

# Putnam County Health Department

P.O. Box 507  
Greencastle, IN 46135  
Phone: (765)653-0203 Fax: (765)653-0208  
IN.gov/localhealth/putnamcounty

Received by: \_\_\_\_\_

Receipt #: \_\_\_\_\_

## Application for Food Permit

To operate a Retail Food, Bed & Breakfast, Seasonal, Mobile Food, Temporary Food, or Catering Establishment in Putnam County a permit is required. Non-Profit Organizations require a permit if they serve food more than 15 days per calendar year.

**Any application with incomplete or missing information will not be issued a Food Permit.**

**Establishment Name:** \_\_\_\_\_

The name commonly used or the "doing business as" name.

**Physical Location Address:** \_\_\_\_\_

This may not be the same as the mailing address.

**Establishment MAILING Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Emergency Phone #:** \_\_\_\_\_

**On-Site Manager's Name:** \_\_\_\_\_

The person responsible for the daily operation that is available at the business location.

**Manager/Store E-mail Address:** \_\_\_\_\_

If the manager has an e-mail address, please show it here.

Establishment's Daily Hours of Operation:

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

Public Water Supply:  Yes  No Is the business served by a public utility?  
Public Sewage Disposal:  Yes  No If private septic system or sewage disposal, mark "no."

### Permit Types:

- |                                                       |                                                                                  |            |
|-------------------------------------------------------|----------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> Non-Profit                   |                                                                                  | <b>Fee</b> |
|                                                       |                                                                                  | \$0.00     |
| < 15 days per calendar year                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |            |
| ≥ 15 days per calendar year                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |            |
| <input type="checkbox"/> 2-Day Festival/Event         |                                                                                  | \$30.00    |
| <input type="checkbox"/> Catering Only                |                                                                                  | \$75.00    |
| <input type="checkbox"/> Mobile Unit                  |                                                                                  | \$75.00    |
| <input type="checkbox"/> Temporary Food Establishment |                                                                                  | \$75.00    |
| <input type="checkbox"/> Permanent Food Establishmet  | <input type="checkbox"/> With Catering <input type="checkbox"/> Without Catering |            |
| <20 Employees                                         | <input type="checkbox"/>                                                         | \$175.00   |
| ≥20 Employees                                         | <input type="checkbox"/>                                                         | \$225.00   |
| Bed & Breakfast                                       | <input type="checkbox"/>                                                         | \$75.00    |
| ≤ 6 Months Seasonal                                   | <input type="checkbox"/>                                                         | \$75.00    |

Events attending with dates:

**Menu Items:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Handler Certification:**

PCHD only accepts current employee(s) holding a qualifying certification from accredited testing organizations. Certificates will have to have the following seal:

**Certified Food Manager Certification**



Applicant is required to include copy of certification for current employee(s):

Name(s): \_\_\_\_\_

**Agreement to Operate in Putnam County**

Owner or Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What address do Permits, Inspections Reports and Invoices get mailed to?  Establishment Address  
 Owner/Corporation Address

Application is hereby made for a license to operate a Retail Food, Bed & Breakfast, Seasonal, Mobile Food, Temporary Food, Catering, or Non-Profit establishment in Putnam County. By this signed application, it is agreed that the establishment and owner/operators will comply with the provisions of the Indiana Department of Health Rules 410 IAC 7-15.5 (Bed & Breakfast sanitation requirements) 410 IAC 7-22 (food handlers requirements), 410 IAC 7-23 (scheduled civil penalties, 410 IAC 7-24 (food establishment sanitation requirements) and Putnam County Ordinance 15-3-2 and any future amendments. It is further agreed that the permanent establishments shall be open to inspection daily and mobile/temporary/festival/event permits will provide locations and events with dates for inspections to be made by agents of the Putnam County Health Department.

**I attest that I have read and acknowledge the accuracy of the information provided herein and that I have read and understand all rules and guidelines to obtain a food permit in Putnam County.**

**ALL FOOD PERMITS EXPIRE ON DECEMBER 31ST OF THE YEAR ISSUED. IT IS YOUR RESPONSIBILITY TO RENEW PERMIT ON TIME.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applications for Permanent Food Establishments postmarked after January 1st will be assessed a late fee.