



Putnam County Health Department

P.O. Box 507

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putnamcountyhealth.in.gov

Public Health
Prevent. Promote. Protect.



Received by: _____

Receipt Number: _____

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 Number: _____ **Emergency Phone Number:** _____

On-Site Manager's Name: _____
The person responsible for the daily operation that is available at the business location.

Manager/Store Email Address: _____
If the manager has an email address, please show it here.

Establishment's Daily Hours of Operation:

Sun: _____ Mon: _____ Tues: _____ 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".
Private water supply is required to submit a satisfactory water sample annually.

Permit Types:	Fee
<input type="checkbox"/> Non-Profit < 15 days per calendar year <input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
>= 15 days per calendar year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Catering Only	\$75.00
<input type="checkbox"/> Permanent Food Establishment <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 and Breakfast <input type="checkbox"/>	\$75.00
≤ 6 Months Seasonal <input type="checkbox"/>	\$75.00
<input type="checkbox"/> Permanent Food Establishment - No Food Preparation	\$75.00

Menu Items: _____

Please include all menu items or attach a copy of the menu to this application.

Certified Food Manager Certification:

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

**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: _____

Email: _____

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

Application is hereby made for a license to operate a Retail Food Establishment, Bed & Breakfast, 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 7-26 (food establishment sanitation requirements) and Putnam County Food Ordinance and any future amendments. It is further agreed that the permanent establishments shall be open to inspection daily.

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 December 31st will be assessed a late fee.

Updated 09.25