



Washington County Health Department

806 Martinsburg Rd. Suite 100 – Salem, IN 47167

--- www.in.gov/localhealth/washingtoncounty ---

Phone: (812)883-5603 Ext.3 Fax: (812)883-5017

For Office Use Only

Permit# _____ Receipt# _____

Date Sent _____ Amount _____

Type of Permit _____

Completed By _____

2026 Annual Food Establishment Permit Application

Instructions:

- Please complete all items below by printing clearly.
- **You must fill out all information or this application will not be processed.**
- Application and fee must be post marked before January 31, 2024 or late fee of \$50.00 will be added to your fee. We accept cash or check. Make checks payable to **Washington County Health Department**
- Please allow a minimum of 7 business days for processing of your application.
- **Permit must be posted in a conspicuous area in the Establishment or Mobile Unit for which it is issued.**

Contact Information

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|----------------------|
| Name of Establishment: | | | |
| Address of Establishment: | | | |
| (Street) | (City) | (State) | (Zip) |
| Mailing Address for Permit: | | | |
| (Street) | (City) | (State) | (Zip) |
| Mailing Address to send next application: | | | |
| (Street) | (City) | (State) | (Zip) |
| Establishment Phone: | Fax: | Establishment E-Mail: | |
| Name of Owner: | | Owner Address: | |
| | | (Street) | (City) (State) (Zip) |
| Owner Email: | | Owner Phone Number: | |
| Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____ | | | |
| If corporation, list name: _____ Resident Agent: _____ | | | |

Operations Information

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------|----------|------------|-----------|-----------------|-----------|---------|
| Total Number of Employees <i>(including owners, managers, staff in food service/preparation capacity)</i> : | | | | | | |
| Name of Person in Charge: | | | | Position Title: | | |
| List the days and hours of operation <i>(be specific)</i> | | | | | | |
| Monday: | Tuesday: | Wednesday: | Thursday: | Friday: | Saturday: | Sunday: |
| Menu Type <i>(use second page to determine menu type)</i> : | | | | | | |

Fee Schedule

Late fees apply if payment is not post marked before permit expiration date. (Not applicable to new establishments).

| | |
|-------------------------|---------------------------|
| 1-10 Employees \$100.00 | Bed and Breakfast \$50.00 |
| 11+ Employees \$150.00 | Freezer Meat \$25.00 |

Late Fee \$50.00

Application Submission Checklist (all items are required):

___ Application

___ Payment

____ Copy of Certified Food Protection Manager Certification (If you are not exempt)

I certify that all information provided herein and on any attachments are true and correct. I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.

X _____
Signature and Title Printed Name Date

Menu Type

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Limited menu (1-2 items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli and seafood department. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling, and reheated are limited to 1-2 potentially hazardous foods. |
| Examples: Popcorn; cotton candy; snow cones; roasted nuts; lemon shake ups; funnel cakes; sampling of non-potentially hazardous foods. | |
| 2. | Extensively handling raw ingredients. Preparation process includes the cooking, cooling, and reheating of potentially hazardous food. Advanced preparation for next day service limited to 2-3 items. Retail food operations include deli and seafood departments. |
| Examples: Potentially hazardous foods requiring cold/hot holding; No cooking of raw meats, fish, poultry, eggs; Potentially hazardous food is precooked (heated and served); Pharmacy; fast food and gas stations not cooking raw meats, fish, poultry, eggs; Pizza; Hotdogs; Bakery | |
| 3. | Extensive handling of raw ingredients. Preparation processes include cooking, cooling, and reheating of potentially hazardous foods. Food processes include advanced preparation for next day service. Category would also include those facilities whose service population is highly susceptible. |
| Examples: Potentially hazardous food requiring cold/hot holding; cooking of raw meats, fish, poultry, eggs; Most sit-down restaurants | |
| 4. | Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf life. |
| Examples: Regularly cooking more than 3 potentially hazardous food types in advance for next day service; Serving a highly susceptible population (e.g. 1) immunocompromised or adults 65 or older and in a hospital, 2) preschool age children in facility/childcare center, 3) children 9 and younger in facility served juice | |
| 5. | Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf life. |
| Examples: Canning; Vacuum packaging; Smoking/Curing | |