## WAYNE COUNTY HEALTH DEPARTMENT 100 S 5th STREET RICHMOND, INDIANA 47374 (765) 973-9245

## APPLICATION FOR FOOD SERVICE ESTABLISHMENT AND/OR MOBILE FOOD UNIT PERMITS Application for permit year:

Remodel

Renew

New

PERMIT NUMBER				
NAME OF ESTABLISHMENT				
ADDRESS		STATE	ZIP	
NAME OF OWNER				
ADDRESS	CITY	STATE	ZIP	
TELEPHONE/ESTABLISHMENT	TELEPHONE/OWNER			
EMAIL FOR ESTABLISHMENT				
CERTIFIED FOOD HANDLER:				
NAME	CLASS ID#	EXPIRATION DATE	<u> </u>	
HOURS OF OPERATION				
SQUARE FOOTAGE OF ESTABLISHMENT			Y BE REQUIRED)	
LOCATION OF COMMISSARY (MOBILE UNITS ONLY	′)			
LIST OF FOODS TO BE SERVED (MOBILE UNITS OF (USE BACK OF APPLICATION IF NECESSARY)				
FOOD SERVICES			AMOUNT	
RETAIL FOOD ESTABLISHMENT PERMIT UP TO 3,000 SQUARE FEET RETAIL FOOD ESTABLISHMENT PERMIT FROM 3,001 SQUARE FEET TO 8,000 SQUARE FEET			\$250.00 \$400.00	
RETAIL FOOD ESTABLISHMENT PERMIT FROM 8,001 SQUARE FEET AND OVER			\$600.00	
RETAIL FOOD ESTABLISHMENT MOBILE FOOD UNIT PERMIT (Include Commissary Agreement)			\$150.00	
MICRO-MARKET			\$50.00	
VENDING MACHINE (PER VENDING MACHINE)			\$25.00	
BED AND BREAKFAST			\$150.00	
SCHOOL/MUNICIPAL/NOT-FOR-PROFIT FOOD SERV	ICE ESTABLISHMENT		NO FEE	
PERMIT CAN BE PICKED UP AT THE WAYNE COUN INCLUDE A SELF ADDRESSED STAMPED ENVELOR				
IT SHALL BE UNLAWFUL FOR ANY PERSON TO OP MUNICIPAL AND/OR MOBILE FOOD UNIT IN WAYNE PERMIT FROM THE HEALTH OFFICER, PURSUANT	COUNTY, STATE OF IND	DIANA, WHO DOES NOT PO	SSESS A VALID	
NATURE DATE				
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FOR OFFICE USE ONLY				
ACCEPTED DATE	RECEIP	RECEIPT NUMBER		
LATE FEE				
	RECEIVED BY			