

Jay County Health Department
Food Permit Application
504 W. Arch Street, Portland, IN 47371
Phone: 260-726-8080 Fax: 260-726-2220

APPLICATION FOR A PERMIT TO OPERATE A RETAIL FOOD ESTABLISHMENT

Application is hereby made for a permit to operate a retail food establishment. 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 the Jay County Food Operation Ordinance 2012-08 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Jay County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit unless establishment is seasonal which shall be made prior to reopening. **Please include a drivers' license number if you are paying with a check.**

YOUR PERMIT IS NON-TRANSFERABLE

Any change of ownership or location requires a new permit. A new permit or change of ownership permit issued will be at the same fee of \$70.00 per establishment and the permits expire on December 31st of the year issued. **YOU MUST FILL OUT THIS FORM COMPLETELY AND ACCURATELY AND RETURN THE SIGNED ORIGINAL FORM WITH THE PROPER FEE TO THE JAY COUNTY HEALTH DEPARTMENT.** Submitting application does not guarantee a permit will be issued.

PERMIT FEES

- **Food Service & Retail Food Establishment Permit: \$70.00 (fee must be received by Dec. 31st or a late fee will be charged)**
- **Food Service & Retail Food Establishment Permit Late Fee: \$20.00**
- **Vending Permit: \$70.00**
- **Food Service Plan Review (Prior to Construction): \$25.00 (After Construction Commences): \$25.00**
- **Yearly Mobile Food Establishment Permit: \$70.00 (fee must be received 10 days prior to the first event)**
- **Reinstatement of permits due to revocation or transfer to another ownership will be the charge of a regular permit.**
- **Temporary Food Service and Mobile Food Establishment: \$25.00 per event (fee must be received 10 days prior to event)**

NON-PROFIT ONLY

No permit fee shall be paid by an organization that is exempt from taxation under Section 501 of the Internal Revenue Service Code. Events conducted by the organization under this section take place no more than 15 days in any calendar year. This section does not prohibit an exempted organization from waiving the exemption for a license under this chapter. A copy of tax exemption required.

Our organization waives the exemption:

Signed: _____ Title: _____ Date: _____

Name of Establishment: _____

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

Location of Establishment: _____

The physical location of this establishment. This may not be the same as the mailing address.

Establishment Mailing Address: _____

The legal mailing address of this business by which the local operator or manager may be reached.

City: _____ **State:** _____ **Zip:** _____

Business Telephone: _____ **Fax:** _____

Business Owners Name: _____

The person or corporation which owns this establishment.

Business Owners Address & Phone #: _____

(Continued on back)

Drivers' License #, if paying with a personal check _____

Temporary Event Permit Date: _____

Certified Food Handler's Name & Position: _____

Certificate must be posted at establishment & a copy sent with application

Certified Food Handler Certificate's Expiration Date: _____

On-Site Manager's Name: _____

The person responsible for the daily operation and is available at the business

Number of Employees: _____

Indicate maximum number of employees working for food establishment.

Building Owner's Name: _____

The person or company that owns the physical structure that houses the business.

Building Owners Telephone #: _____ **E-Mail Address:** _____

Emergency Telephone: _____

Number which will reach someone in authority in case of an emergency when business is close.

Must Submit Menu: _____

A permit will not be issued without this information:

Where is food prepared: _____

On site _____

Commissary _____

Establishments Daily Opening & Closing Times of Operation:

Show the actual opening and closing hours of the business. (i.e.,9-5)

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thurs.: _____ Fri: _____ Sat: _____

Public Water Supply: ____ Yes ____ No

Public Sewage Disposal: ____ Yes ____ No

Is there Off-Site Catering from this location: ____ Yes ____ No **If yes is Proper Equipment available for safe handling, transport and hand washing when required:** ____ Yes ____ No

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

FOR OFFICIAL USE ONLY: DO NOT WRITE BELOW THIS LINE

Drivers' License # _____

() Food Handling Establishment

() Non Food Handling Establishment

Menu Type: 1 2 3 4 5

Receipt Number: _____

Date Issue: _____

Payment Received: \$ _____

Date permit Expires: _____