**Madison County Health Department**

206 East 9th Street ▪ Anderson, Indiana 46016 ▪ (765)641-9523

madcohealth.org

**ANNUAL FOOD SERVICE PERMIT APPLICATION FOR RESTAURANTS/MARKETS**

Name of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**this is how it will appear on your permit and in our files**)

Address of Establishment (location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street) (city) (state) (zip)

Mailing Address for Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street) (city) (state) (zip)

**\*E-Mail address for permit renewal reminder:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Establishment phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_ Other E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE FOLLOWING ISSUES MUST BE ADDRESSED/COMPLETED OR PERMIT WILL NOT BE ISSUED

1. What is the name of the Person-In-Charge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the name of your Certified Food Handler? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(In accordance with the 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless exempted.)*

1. Please list your days and hours of operation (be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of water supply to the establishment (check one): \_\_\_\_\_City \_\_\_\_\_\_Private (well)
3. I understand that if I cater from my facility that catering is limited to keeping foods warm/cold at the off-site event and simply portioning and putting out for service. I understand that if I engage in preparation (cooking, baking, re-heating, mixing foods, etc.) at the off-site event, that I am beyond the ability of “catering” and am not in compliance with state law/local ordinance and subject to penalties. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* (Signature of operator/owner after reading)

**PERMIT FEE SCHEDULE**

(This is a non-refundable fee.)

***LATE FEE OF PERMIT FEE +1/2 PRICE OF PERMIT WILL BE ASSESSED TO ANY APPLICATION SUBMITTED OR POSTMARKED AFTER JANUARY 1ST***

**Schedule of fees: Type of Menu:**

Menu Type 1: **$150.00** (1) Pre-Packaged/non-potentially hazardous foods

Menu Type 2: **$225.00** (2) Pre-packaged raw ingredients are cooked or prepared to order

Menu Type 3: **$375.00**  (3) Extensive handling of raw ingredients

**\*\* ANY ESTABLISHMENT OVER 15,000 SQUARE FEET WILL BE SUBJECT TO AN ADDITONAL $200.00\*\***

**Return completed application, fee, and self-addressed envelope to address above.**