



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Food Application for Permanent, Seasonal or Mobile Permits

New food establishments and remodels must submit a Plan Review and have a Pre-Operational Inspection prior to a Permit being rendered.

___ **\$150.00** New Permanent, Seasonal, or Mobile Units operating more than 6 months

___ **\$100.00** Renewal Permanent, Seasonal, or Mobile Units operating more than 6 months

___ Late fee (50% of original fee)

___ **\$50.00** Seasonal or Mobile Units operating less than 6 months

___ Late fee (50% of original fee)

Food Establishment Name _____

Address _____

City _____ State _____ Zip _____

Manager's Name _____ Phone _____

Is the food establishment connected to a well? _____ *(Water reports need to be submitted annually)*

Owner Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Emergency Contact _____ Phone _____

License Food Handler Certificate Required ___ Yes ___ No

(If yes, a copy of your certificate must be on file with the Health Department)

Check all goods that apply to your establishment:

___ Raw Meat ___ Baked Goods ___ Reheated/Precooked ___ Prepackaged

Days and Hours of Operation:

___ Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

Seasonal/Mobile Event:

_____ Location: _____ Date: _____

_____ Location: _____ Date: _____

_____ Location: _____ Date: _____

I hereby certify the above is correct and the food service facility will be maintained in compliance with the Food Establishment and/or Bed and Breakfast Establishment Ordinance, Fountain County 2018-3, Warren County 2018-001.

I understand the food establishment permit is non-transferable and will be kept posted on the above-mentioned premises.

I understand that fees associated with the application and permit are non-refundable.

NOTE: It is the sole responsibility of the permittee to obtain an application for renewal or change in ownership/operator by December 31st.

A late fee will be assessed if payment is received after December 31st. All fees will need to be paid in full before permit is granted. All fees are subject to change. Please verify current fees directly with the Health Department.

Signature _____ Date _____

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