

PARKE COUNTY HEALTH DEPARTMENT
116 W High Street Room 12, Rockville Indiana 47872
Phone 765-569-4071 or 765-569-6665
Fax 765-569-4061

2016 Annual Food Permit Application and Bill
(Please Print or Type Clearly)

This is the Application form for your Operating Permit for Food Service Establishments, Markets, and Caterers. **YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. A LATE FEE OF \$50.00 WILL BE ADDED IF POSTMARKED AFTER DECEMBER 31ST.** We will accept Cash, Cashiers Check, Check or Money Orders. **You need to enclose a self addressed, stamped envelope in order to receive your permit by mail.**

Establishment Name: _____

Establishment Address: _____

Establishment Telephone #: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's E-mail Address: _____

Owner's Telephone #: _____ (for Recall Notices/Emergency ONLY)

Owner's Fax Number: _____ (for Recall Notices/Emergency ONLY)

Operator: _____
(Person directly responsible for Establishment i.e. Manager)

Operator's Mailing Address _____

District Manager (if applicable): _____
(Name of the person who functions as the Supervisor of the person specified above i.e. Zone, District or Regional Supervisor)

District Manager Mailing Address: _____

District Manager Telephone #: _____

Certified Food Handler: name _____

* certificate number _____

(If applicable, you must have a certified food Handler on Staff. **This information must also be available at the establishment.**)

Important Reminder: Should any person or persons listed above change, you must notify the Parke County Health Department by mail or a phone call to our office.

The applications will not be mailed next year; they will be available at www.parkecounty-in.gov on the Health Department page. If you cannot download from the website, please call 765-569-4071 or 765-569-6665 to make other arrangements.

PLEASE CONTINUE FILLING OUT THIS APPLICATION ON THE BACK OF THIS PAGE

Hours of Operation:

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____ Saturday _____

Please check only ONE Menu Type

Select Menu Type AND Number of Employees to determine fee:

MENU TYPE	NUMBER OF EMPLOYEES	FEE	SELECT ONE
1 Pre-packaged potentially hazardous foods only. Limited preparation of nonpotentially hazardous foods only.	1-5 employees	\$30.00	
	6 + employees	\$45.00	
2 Limited menu (1 or 2 main items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or 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 reheating are limited to 1 or 2 potentially hazardous foods.	1-10 employees	\$60.00	
	10 + employees	\$80.00	
3 Extensively handling of raw ingredients. Preparation process includes the cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Advance preparation for next day-service is limited to 2 or 3 items. Retail food operations include deli and seafood departments.	n/a	\$100.00	
4 Extensive handling of raw ingredients. Preparation processes include the cooking, cooling, and reheating of potentially hazardous foods. A variety of processes require hot and cold holding 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.	n/a	\$125.00	
5 Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	n/a	\$125.00	
6 <u>Late Fee</u>	n/a	\$50.00	

I, attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Parke County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

Date of Application: _____

Amount Enclosed: _____

Signature of Owner or Manager: _____