

**TIPTON COUNTY HEALTH DEPARTMENT**

Permit # \_\_\_\_\_

101 E. Jefferson St., Tipton, IN 46072  
Phone 765-675-8741 Fax 765-675-6952

**Application for Permanent Retail Food Establishment Permit**

410-IAC Prerequisite for Operation

- (a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
- (b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.
- (c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

**Type of Permit:** \_\_\_\_\_ 1-5 employees (\$150) \_\_\_\_\_ 6-9 employees (175.00) \_\_\_\_\_ 10+ employees (\$225.00)

**Name of Retail Food Establishment:** \_\_\_\_\_

<p align="center"><b>Retail Food Establishment Owner</b></p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email: _____</p> <p align="center"><b>Leaser Information (if applicable)</b></p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email: _____</p>	<p align="center"><b>Retail Food Establishment Location</b></p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email: _____</p> <p align="center"><b>Certified Food Manager</b></p> <p>Name _____</p> <p>Certification Number _____</p> <p>Expiration Date ____/____/____</p> <p>General Manager _____</p>
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**Sewage Disposal:** \_\_\_\_\_ Public \_\_\_\_\_ Private (must be commercial size and grade)

**Water Supply:** \_\_\_\_\_ Public \_\_\_\_\_ Private (must be tested twice yearly)

<b>Hours of Operation:</b>	<u><b>Dates</b></u>	<u><b>Hours</b></u>	<b>Menu Type:</b>
	____ S	_____	____ 1
	____ M	_____	____ 2
	____ T	_____	____ 3
	____ W	_____	____ 4
	____ T	_____	____ 5
	____ F	_____	
	____ S	_____	

**List of food to be served:** Provide a menu of items to be served.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b></p> <p><b>Payment Information</b></p> <p>Amount: \$ _____</p> <p>Form of Payment:    Cash    Check    M.O.    Debit/Credit</p>	<p><b>Issuance Information</b></p> <p>Date Received: _____</p> <p>Date Mailed to applicant: _____</p> <p>Issued by: _____</p>
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