



**Public Health**  
Prevent. Promote. Protect.

# Brown County Department of Health

browncountyhealth@localhealth.in.gov

P.O. Box 281  
Nashville IN 47448  
812/988-2255  
812/988-5601 FAX

*Norman Oestrike, MD*  
*Health Officer*

## Application for a Food License 2017

### To Operate A Retail Food Establishment or Bed and Breakfast

Application is hereby made for a license to operate a retail food establishment and/or a Bed and Breakfast Establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-24, 410 IAC 7-15.5, and Brown County Ordinances 08-17-98-01, 11-18-96. It is further agreed that the establishment shall be open to inspection daily by agents of the Brown County Health Department.

**THIS PERMIT IS NOT TRANSFERABLE!** It is issued only to the person named on the permit.

**Any change of owner or operator requires a new license**

Bring or mail this **SIGNED ORIGINAL FORM** and the **REQUIRED FEE**  
as determined by the number of employees (see back side of form for fee schedule.)  
**in the form of a**

**Check, Credit/Debit Card, Cashier's Check or Money Order,**

*(The Brown County Health Department reserves the right to refuse a check.)*

made payable to the **Brown County Health Department**, P O Box 281, Nashville IN 47448

The fee is not refundable. Submitting this application does not guarantee a license will be issued.

**All licenses expire December 31<sup>st</sup> each year.**

**NAME of Establishment:** \_\_\_\_\_  
The name commonly used or the "doing business as" name.

**Street Location of Establishment:** \_\_\_\_\_

**Establishment Mailing Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
The legal mailing address of the business-this may or may not be the same as the street location

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Emergency Phone:** (\_\_\_\_\_) \_\_\_\_\_  
In case of emergency, if business is closed

**Business Operator's Name:** \_\_\_\_\_  
The person or corporation that owns the business.

**Business Owners Mailing Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Owner's Phone/Cell:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ @ \_\_\_\_\_  
If the operator or manager has an e-mail address, please show it here.

**Website Address:** \_\_\_\_\_

**On-Site Manager's Name:** \_\_\_\_\_  
Person responsible for the daily operation that is available at the business location.

**Building Owner's Name:** \_\_\_\_\_  
The person or company that owns the building housing the business.

Menu Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Establishment's Daily Opening & Closing Times:**

Sun: \_\_\_ - \_\_\_ Mon: \_\_\_ - \_\_\_ Tue: \_\_\_ - \_\_\_ Wed: \_\_\_ - \_\_\_ Thur: \_\_\_ - \_\_\_ Fri: \_\_\_ - \_\_\_ Sat: \_\_\_ - \_\_\_

**Public Water Supply?:** \_\_\_ Yes \_\_\_ No Is the business served by a public utility?  
**Public Sewage Disposal?:** \_\_\_ Yes \_\_\_ No If private septic system or sewage disposal, mark "no".

**Is There Off-Site Catering From This Location?** \_\_\_ Yes \_\_\_ No  
If Yes-- Is there proper equipment available for off-site safe food handling, safe food transport when required, hand washing facilities and potable water? \_\_\_ Yes \_\_\_ No

**FOOD MANAGER CERTIFICATION :**

**Certified Employee(s) name** \_\_\_\_\_

**Please check which Certification the employee(s) hold(s).**

**ServSafe®, NRA Expiration Date:** \_\_\_ / \_\_\_ **Certificate Number:** \_\_\_\_\_

**Certified Food Safety Manager, Nat'l Registry of Food Safety Professionals**  
**Exp Date:** \_\_\_ / \_\_\_ **Certificate number** \_\_\_\_\_

**The establishment is exempt by menu (pre-packaged), or has non-profit status**  
Some exemptions allowed. Title 410 IAC 7-22-15(g) [www.IN.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm](http://www.IN.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm)

**I attest to the accuracy of the information provided herein;**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

The person who fills out the application needs to sign this application, plus indicate their title.

**Food License Fee- per employees:**  
**1-5 Employees-\$100.00 6-9 Employees-\$200.00 10 or more-\$250.00**

***Do not write below this line. For office use only.***

- 1 Pre-packaged, Non PHF, no Modified Atmosphere Packaging or ROP
- 2 Cook / Serve
- 3 Full Service, Limited Reheat
- 4 Full Service, Advanced Preparation
- 5 Full Service, Alternate Processing

**Assigned Risk Category: 1 2 3 4 5**

**Payment Received: \$** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_