



Brown County Department of Health

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Public Health
Prevent. Promote. Protect.

bchealth@browncounty-in.us

Norman Oestrike, MD
Health Officer

APPLICATION FOR A FOOD LICENSE 2019

For the operation of A Retail Food Establishment or a 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!

This permit is issued only to the business named on the permit, any sale of the business requires a new permit.

Food Licenses run from January 1st to December 31st - no pro-rating

THIS SIGNED ORIGINAL FORM is REQUIRED WITH THE APPROPRIATE FEE

FEES are determined by the number of employees (see the reverse of this form for fee schedule.)

BCHD can accept:

Check, Credit/Debit Card, Cashier's Check, Cash or Money Order,
(The Brown County Health Department reserves the right to refuse a check)

Checks are to be 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.

NAME of Establishment: _____
The name commonly used or the "doing business as" name.

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

Street Location of Establishment: _____

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: _____
This person is responsible for the daily operation at the business location.

Building Owner's Name: _____
The person or company that owns the building that is housing the business.

over

Menu Items: _____

Establishment's Daily Opening & Closing Times: _____

Is this a Seasonal Operation? Yes ___ No ___ If yes – opening date _____

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 (required):

Certified Employee(s) name _____

ServSafe®, NRA Expiration Date: ___/___ Certificate Number: _____

Other acceptable certifications; "Prometric", "NPFSP", "360⁰ Training", "Above Training/State Food Safety"

NO CERTIFIED FOOD MANAGER REQUIRED IF-

This establishment is exempt by menu (only pre-packaged foods)
or has Non-Profit status

Some exemptions allowed. Title 410 IAC 7-22-15(g) 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-
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 License Issued: _____