



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

# Brown County Department of Health

bchealth@browncounty-in.us

P.O. Box 281  
Nashville IN 47448  
812/988-2255  
812/988-5603 FAX

*Norman Oestrike, MD*  
*Health Officer*

## **APPLICATION for a FOOD LICENSE** **January 1, 2021 to December 31<sup>st</sup> 2021** **(payment not to be made before January 4<sup>th</sup>)**

### **Operation of A Retail Food Establishment**

Application is hereby made for a license to operate a retail food 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 by agents of the Brown County Health Department.

**THIS PERMIT IS NOT TRANSFERABLE –new ownership needs a new permit.**

**Payment must be made between January 4<sup>th</sup> and January 29<sup>th</sup> unless you are a seasonal operation.**

**There is a 10% a day late fee for payments later than January 29<sup>th</sup>.**

**BCHD can accept:**

**Check, Credit/Debit Card (3% fee on cards), Cashier's Check, Cash or Money Order,**

*(The Brown County Health Department reserves the right to refuse a check, and there is a 3% fee on credit or debit cards. We can take credit/debit information over the phone)*

**THIS SIGNED ORIGINAL FORM MUST BE RETURNED TO OUR OFFICE even if you pay online with a credit/debit card**

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

If the business has a web address-not required

**On-Site Manager's Name:** \_\_\_\_\_

This person is responsible for the daily operation at the business location. If more than one, please indicate General Manager

**Building Owner's Name:** \_\_\_\_\_

The person or company that owns the building that is housing the business.

**Food Items:** \_\_\_\_\_

\_\_\_\_\_

**Suppliers;** \_\_\_\_\_

\_\_\_\_\_

**ALL Freezers and cooling units are required to have a temperature measuring device.**

**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".

## **CERTIFIED FOOD MANAGER REQUIRED on staff -**

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)

**NAME:** \_\_\_\_\_

Person and Certification Number, plus the company name where they are certified (such as Servsafe)

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**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-\$120.00    6-9 Employees-\$240.00    10 or more-\$300.00**

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

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- 1 Pre-packaged, Non PHF, no Modified Atmosphere Packaging or ROP
  - 2 Limited items, pre-packed foods cooked to order. Minimal ingredient assembly
  - 3 Extensive handling of raw ingredients. Cooking. Cooling ,Reheating, Hot/cold holding
  - 4 Extensive handling of raw ingredients, Highly sensitive populations served
  - 5 Food prep including ROP, smoking, curing, and all processes requiring a HACCP Plan and variance

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