

WABASH COUNTY HEALTH DEPARTMENT

89 WEST HILL STREET
WABASH, INDIANA 46992

Phone: (260) 563-0661 Ext. 1249 or 1283; Fax: (260) 563-6082

SEASONAL FOOD SERVICE PERMIT APPLICATION

WABASH COUNTY **ORDINANCE 2007-85-1** STIPULATES IT SHALL BE UNLAWFUL FOR ANY PERSON TO OPERATE A FOOD ESTABLISHMENT, MOBILE FOOD SERVICE, TEMPORARY FOOD SERVICE OR FOOD MARKET IN WABASH COUNTY WHO DOES NOT POSSESS A VALID PERMIT FROM THE WABASH COUNTY HEALTH DEPARTMENT. ANY FOOD SERVICE OPERATING FROM A VEHICLE OR A FOOD SERVICE THAT RELINQUISHES POSSESSION OF FOOD TO A CONSUMER DIRECTLY OR INDIRECTLY THROUGH A DELIVERY SERVICE OR RETAIL FOOD ESTABLISHMENT IS REQUIRED TO BE PERMITTED.

THIS PERMIT IS VALID ONLY FROM 1ST OF OPENING MONTH TO END OF CLOSING MONTH

Type or print clearly in ink and return application form to above address.

TODAY'S DATE: ___/___/___

NAME OF FOOD SERVICE: _____

PHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WATER SUPPLY: _____ *Public* _____ *Private* SEWAGE: _____ *Public* _____ *Private*

TYPE OF BUSINESS: CORPORATION FRANCHISE INDIVIDUAL LLC OTHER: _____
(PLEASE CIRCLE ONE)

NAME OF OWNER: _____ PHONE: _____

CELL: _____ E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAIL NEXT APPLICATION TO: ___ *Business* ___ *Owner* ***ALL Permits Will Be Mailed to Establishments ONLY!***

NAME OF CERTIFIED EMPLOYEE: _____
(UNLESS EXEMPT BY MENU)

CERTIFICATION NUMBER: _____ CERTIFICATION DATE: ___/___/___

LIST THE ESTABLISHMENT'S DAILY OPENING AND CLOSING TIMES (Please Be Specific):

OPENING MONTH: _____ CLOSING MONTH: _____

SUN _____ MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____

A PERMIT WILL NOT BE ISSUED UNTIL THE COMPLETED SEASONAL APPLICATION AND PERMIT FEE ARE SUBMITTED TO THE WABASH COUNTY HEALTH DEPARTMENT.

FEE FOR A SEASONAL FOOD PERMIT: \$100.00 PER YEAR

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

**WABASH COUNTY HEALTH DEPARTMENT
ATTN: FOOD DIVISION
89 WEST HILL STREET
WABASH, INDIANA 46992**

SHOULD ANY PERMIT HOLDER FAIL TO CONTACT THE WABASH COUNTY HEALTH DEPARTMENT 7 (SEVEN) DAYS PRIOR TO OPENING, A PENALTY FEE OF \$50.00 WILL BE IMPOSED AND THIS SEASONAL FOOD PERMIT WILL NOT BE VALID.

PLEASE NOTE THE FOLLOWING:

- PERMIT FEES ARE NOT REFUNDABLE
- PERMIT FEES ARE NOT TRANSFERABLE
- PERMITS ARE NOT TRANSFERABLE

Failure to complete both pages, COMPLETELY and ACCURATELY, may cause delay and possible penalty fees.

APPLICATION IS HEREBY MADE FOR A SEASONAL FOOD PERMIT TO OPERATE A FOOD ESTABLISHMENT IN WABASH COUNTY. IT IS AGREED THE FOOD ESTABLISHMENT WILL COMPLY WITH THE PROVISIONS OF THE INDIANA STATE DEPARTMENT OF HEALTH RULE 410 IAC 7-24, WABASH COUNTY FOOD ORDINANCE 2007- 85-1 AND FEE SCHEDULE ORDINANCE NO. O4-2004.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PRINT NAME: _____ TITLE: _____

FOR OFFICIAL USE ONLY, PLEASE DO NOT WRITE BELOW THIS LINE

DATE ISSUED: ____/____/____ PERMIT NUMBER: _____ AMOUNT RECEIVED: \$ _____ CASH: \$ _____

CHECK NUMBER: _____ LATE FEE: \$ _____ RECEIPT NUMBER: _____ APPROVED BY: _____

PERMIT MAILED: ____/____/____ BY: _____ RECEIPT MAILED: ____/____/____ BY: _____ NEXT APPLICATION: ____/____/____

NOTES: _____