

# WABASH COUNTY HEALTH DEPARTMENT

89 WEST HILL STREET, WABASH, INDIANA 46992  
Phone: (260) 563-0661 Ext. 1249 or 1283; Fax: (260) 563-6082

## APPLICATION FOR *FOOD SERVICE PERMIT 2017*

WABASH COUNTY ORDINANCE **2007-85-1** STIPULATES THAT IT SHALL BE UNLAWFUL FOR ANY PERSON TO OPERATE A FOOD SERVICE ESTABLISHMENT, MOBILE FOOD SERVICE, TEMPORARY FOOD SERVICE OR FOOD MARKET IN WABASH COUNTY WHO DOES NOT POSSESS A VALID PERMIT FROM THE HEALTH OFFICER OR ITS AUTHORIZED REPRESENTATIVE. (ISDH RULE 410 IAC 7-24)

**Failure to return BOTH pages COMPLETE and ACCURATELY may cause delay and possible penalty fees.**

Type or print clearly in ink and return application form (2 PAGES) to above address. TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

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 2018 APPLICATION TO:** \_\_\_ *Business* \_\_\_ *Owner* ***ALL Permits Will Be Mailed to Establishments ONLY!***

NAME OF MANAGER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(OR PERSON IN CHARGE)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF CERTIFIED EMPLOYEE: \_\_\_\_\_  
(UNLESS EXEMPT BY MENU)

CERTIFICATION NUMBER: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_/\_\_\_/\_\_\_

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

SUN \_\_\_\_\_ MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

\_\_\_\_\_

*Before daily opening, please indicate what time food preparation starts in your establishment.*

\_\_\_\_\_

**ATTENTION: MANAGER OR PERSON IN CHARGE**

THE **MANAGER**, OR THE **PERSON IN CHARGE** OF THE FOOD ESTABLISHMENT, WILL BE RESPONSIBLE FOR COLLECTING THE PERMIT FEE, COMPLETING THE APPLICATION FOR FOOD SERVICE PERMIT AND SUBMITTING THEM TO THE WABASH COUNTY HEALTH DEPARTMENT BEFORE **DECEMBER 31, 2016**. IF THE BUSINESS IS A CORPORATION, FRANCHISE, ETC., PLEASE CONTACT YOUR REPRESENTATIVE WITH THIS INFORMATION.

A PERMIT WILL NOT BE ISSUED UNTIL ALL COMPLETED FORMS (2017 APPLICATION, ADDITIONAL UNITS INFORMATION) AND PERMIT FEES ARE SUBMITTED TO THE WABASH COUNTY HEALTH DEPARTMENT.

**FEE FOR A FOOD SERVICE PERMIT: \$125.00 PER YEAR (This Permit Expires on December 31, 2017)**

**PLEASE MAKE CHECK PAYABLE AND MAIL TO:**

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

**PENALTIES:**

**IF THE PERMIT FEE, AS PRESCRIBED, IS NOT RECEIVED BY THE WABASH COUNTY HEALTH DEPARTMENT POSTMARKED ON OR BEFORE DECEMBER 31<sup>ST</sup>, 2016, A PENALTY OF \$100.00 PER DAY SHALL BE IMPOSED.**

**THE LATE FEE OF \$100.00 PER DAY SHALL NOT EXCEED THIRTY (30) DAYS; AFTER WHICH TIME THE ESTABLISHMENT WILL BE CLOSED. THE ESTABLISHMENT WILL NOT BE RE-OPENED UNTIL THE PRESCRIBED FEE, PLUS THE LATE PENALTY FEE IS PAID IN FULL AND THE APPLICATION IS PROCESSED.**

**PLEASE NOTE THE FOLLOWING:**

ANY FEES AND/OR PERMITS ARE NOT REFUNDABLE NOR TRANSFERABLE

*Failure to return ALL pages COMPLETE and ACCURATELY may cause delay and possible penalty fees.*

CHANGE OF OWNERSHIP REQUIRES CONTACTING THE WABASH COUNTY HEALTH DEPARTMENT

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_ PERMIT NUMBER: F2017 \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_

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

PERMIT MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ RECEIPT MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ 2018 APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES: \_\_\_\_\_

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