

# Madison County Health Department

206 East 9<sup>th</sup> Street Suite 200 ■ Anderson, Indiana 46016 ■ (765)641-9523

[madcohealth.org](http://madcohealth.org)

## ANNUAL FOOD SERVICE PERMIT APPLICATION FOR RESTAURANTS/MARKETS

Name of Establishment: \_\_\_\_\_

(this is how it will appear on your permit and in our files)

Address of Establishment (location): \_\_\_\_\_

(street)

(city)

(state)

(zip)

Mailing Address for Permit: \_\_\_\_\_

(street)

(city)

(state)

(zip)

\*E-Mail address for permit renewal reminder: \_\_\_\_\_

Establishment phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other E-Mail: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ Telephone: \_\_\_\_\_

### THE FOLLOWING ISSUES MUST BE ADDRESSED/COMPLETED OR PERMIT WILL NOT BE ISSUED

(1) What is the name of the Person-In-Charge? \_\_\_\_\_

(2) What is the name of your Certified Food Handler? \_\_\_\_\_

*(In accordance with the 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless exempted.)*

(3) Please list your days and hours of operation (be specific): \_\_\_\_\_

(4) Type of water supply to the establishment (check one): \_\_\_\_\_ City \_\_\_\_\_ Private (well)

(5) I understand that if I cater from my facility that catering is limited to keeping foods warm/cold at the off-site event and simply portioning and putting out for service. I understand that if I engage in preparation (cooking, baking, re-heating, mixing foods, etc.) at the off-site event, that I am beyond the ability of "catering" and am not in compliance with state law/local ordinance and subject to penalties. \_\_\_\_\_

> (Signature of operator/owner after reading)

### **PERMIT FEE SCHEDULE**

(This is a non-refundable fee.)

***LATE FEE OF \$50.00 WILL BE ASSESSED TO ANY APPLICATION SUBMITTED OR POSTMARKED AFTER JANUARY 1<sup>ST</sup>***

#### Schedule of fees:

Menu Type 1: **\$150.00**

Menu Type 2: **\$225.00**

Menu Type 3: **\$300.00**

Bed and Breakfast: **\$200.00**

#### Type of Menu:

(1) Pre-Packaged/non-potentially hazardous foods

(2) Pre-packaged raw ingredients are cooked or prepared to order

(3) Extensive handling of raw ingredients

**Return completed application, fee, and self-addressed envelope to:**

**Madison County Health Department**

**206 East 9<sup>th</sup> Street-- Suite 200**

**Anderson, Indiana 46016**