

Madison County Health Department

206 East 9th Street • Anderson, Indiana 46016 • (765)641-9523

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 PERMIT FEE + 1/2 PRICE OF PERMIT WILL BE ASSESSED TO ANY APPLICATION SUBMITTED OR POSTMARKED AFTER JANUARY 1ST

Schedule of fees:

Menu Type 1: \$150.00

Menu Type 2: \$225.00

Menu Type 3: \$375.00

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

**** ANY ESTABLISHMENT OVER 15,000 SQUARE FEET WILL BE SUBJECT TO AN ADDITIONAL \$200.00****

Return completed application, fee, and self-addressed envelope to address above.