



Registration Application For
 A Retail Food Establishment
 Fee: **\$50.00**
 Benton County Health Dept.
 706 E. 5th Street Suite 12 Fowler, IN 47944
 Phone: (765) 884-1728

For office use only:
 Payment: _____
 Receipt: _____
 Date: _____
 Permit # _____ Expires: _____
 Fax: (765) 884-2072

Application is, hereby made for a permit to operate. By this application, it is agreed that the establishment will comply with the provisions of Indiana State Board of Health Rule 410 IAC 7-24 and local Health Department food service sanitation requirements. It is further agreed that said establishment shall be open to inspection by the Benton County Health Department.

Application for permit renewal shall be made before expiration date of existing permit. The permit is not transferable. Change of ownership or new operator requires a new permit.

Please send \$50.00 permit fee with application to above address: make checks or money order payable to the Benton County Treasurer

PLEASE COMPLETE: BUSINESS OWNER INFORMATION

Business Owner's Name _____ Cell Phone _____

Mailing Address: _____

Email Address: _____

Telephone Number _____ Fax Number _____

BUSINESS INFORMATION

Business Name: _____

Business Physical Location: _____

Business Mailing Address: _____

Water Source: City Private _____

Sewage Disposal: City Private _____

On Site Supervisor: _____

Name of Certified Food Handler: _____

Email Address: _____

Hours of Operation: _____

Type of Business: Permanent Mobile Temporary Off – Site Catering Yes No

Food to be served: _____

 Original Signature of Applicant

 Date: (month, day, Year)

 Printed Signature of Applicant

 Title