

Benton County Department of Health  
706 E. 5<sup>th</sup> Street  
Fowler, IN 47944  
(765) 884-1728  
[jgriner@bentoncounty.in.gov](mailto:jgriner@bentoncounty.in.gov)

FOR OFFICIAL USE ONLY  
Received Payment \$ \_\_\_\_\_  
Receipt \_\_\_\_\_  
Date \_\_\_\_\_  
Permit # \_\_\_\_\_  
Expires \_\_\_\_\_

APPLICATION FOR PERMIT TO OPERATE A FOOD-SERVICE ESTABLISHMENT

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.

Send fifty dollars (\$50.00) permit fee with application to above address; make check or money order payable to **BENTON COUNTY HEALTH DEPARTMENT**.

Establishment Name \_\_\_\_\_ Telephone \_\_\_\_\_

Establishment Address & Zip Code \_\_\_\_\_  
\_\_\_\_\_

Building Owner \_\_\_\_\_

Operator's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Operator's Mailing Address \_\_\_\_\_

Operator's E-Mail Address \_\_\_\_\_

Manager \_\_\_\_\_

Opening Time \_\_\_\_\_ Closing Time \_\_\_\_\_

Menu Items:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Persons Working in Establishment (Including Owners/Managers) \_\_\_\_\_

Establishment Size/Sq. Ft. \_\_\_\_\_

Water:                                      Public Supply                      Private Supply

Sewage:                                      Public Supply                      Private Supply