

Benton County Department of Health
706 E. 5th Street
Fowler, IN 47944
(765) 884-1728
ksarault@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 |