

# WELLS COUNTY HEALTH DEPARTMENT

223 W. Washington, Suites 200-209, Bluffton, IN 46714

Phone: 260-824-6489 • Fax: 260-824-8803

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| <b>APPLICATION FOR FARMERS MARKET FOOD PERMIT (\$10.00)</b> |
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Total Number of units \_\_\_\_\_

|                     |         |       |     |
|---------------------|---------|-------|-----|
| Establishment Name: | Phone:  |       |     |
| Address:            | City    | State | Zip |
| Mailing Address:    | City    | State | Zip |
| Fax:                | E-Mail: |       |     |

Establishment is owned by:  An Individual  A Corporation  Partnership  Association  LLC, Limited Liability Company  LLP, Limited Liability Partnership  Other \_\_\_\_\_

**List ALL persons/entities comprising legal ownership below: (Attach additional sheet, if necessary)**

|          |        |       |     |
|----------|--------|-------|-----|
| Name:    | Title: |       |     |
| Address: | City   | State | Zip |
| Name:    | Title: |       |     |
| Address: | City   | State | Zip |
| Name:    | Title: |       |     |
| Address: | City   | State | Zip |

|                 |        |       |     |
|-----------------|--------|-------|-----|
| Resident Agent: | Phone: |       |     |
| Address:        | City   | State | Zip |

|               |        |       |     |
|---------------|--------|-------|-----|
| Operator:     | Phone: |       |     |
| Home Address: | City   | State | Zip |

|                                  |      |       |     |
|----------------------------------|------|-------|-----|
| Operator's Immediate Supervisor: |      |       |     |
| Home Address:                    | City | State | Zip |

Correspondence regarding your business should be sent to:

|      |        |      |       |     |
|------|--------|------|-------|-----|
| Name | Street | City | State | Zip |
|------|--------|------|-------|-----|

Dates and times you will be participating in the Farmers Market

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Types of foods you will be offering/selling:

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NOTE: It is the responsibility of the food establishment owner/operator to obtain and submit applications on time. Food Establishments found in operation without a permit for the event **will be closed** until a permit is obtained. Payment of fees is not transferable or refundable.

**This Operation: (check one)**

- 1. Prepares, offers for sale, or serves potentially hazardous food using one or more of the following:
  - (a) Only to order upon a consumer's request
  - (b) In advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency
  - (c) Using time, rather than temperature, as the public health control as specified under 410 IAC 7-24
  - (d) Prepares acidified foods as defined in 410 IAC 7-21-3
- 2. Prepares potentially hazardous food in advance using food preparation method that involves two or more steps, which may include cooking, cooling, reheating, hot/cold holding, freezing, thawing or combining potentially hazardous ingredients
- 3. Prepares food as specified under section 2 above for delivery to and consumption at a location off the premises where it is prepared
- 4. Prepares food as specified under section 2 above for service to a highly susceptible population, as defined in 410 IAC 7-24
- 5. Prepares only food that is not potentially hazardous
- 6. Does not prepare, but offers for sale only prepackaged food that is potentially hazardous
- 7. Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous

Wells County Ordinance No. 2007-19 states:

1. A separate permit shall be required for each Bed and Breakfast Establishment and/or Food Establishment operated or to be operated by any person.
2. No permit issued to any Operator under this ordinance shall be transferable between locations or between operators. **Upon change of location, operator or owner, all existing permits become void.**

**Late applications will result in a fine of \$20.00 per day**

By signing below,

- I/we agree to abide by all provisions set forth in the Wells County Food Ordinance No. 01-03 and the provisions set forth by Retail Food Establishment Sanitation Requirements 410 IAC 7-24;
- I/we attest that all information provided is true and correct;
- I/we will allow the Wells County Health Department access to the establishment and records as specified by 410 IAC 7-15.5 and 410 IAC 7-24.

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Printed Name of Owner/Operator \_\_\_\_\_ Title \_\_\_\_\_

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Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE: Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ By \_\_\_\_\_ Date Permit Mailed \_\_\_\_\_**

\_\_\_\_\_  
Signature of Environmental Health Specialist Date