

WELLS COUNTY HEALTH DEPARTMENT

223 W Washington Street Bluffton, IN 46714

260-824-6489 * www.wellscounty.org/health

APPLICATION FOR RETAIL FOOD ESTABLISHMENT PERMIT

Retail Food Permit (\$100.00) _____ Seasonal Food Permit (\$50.00) _____ Limited Food Permit (\$35.00)

Establishment Information:

Name of Establishment: _____

Physical Address: _____

Street City State Zip
Phone: _____ Fax: _____ E-Mail: _____

Hours of Operation:

Monday -Friday _____ Saturday _____ Sunday _____

Months of Operation: _____

Owner Information:

Name of Owner/Corporation: _____

Address: _____

Street City State Zip
Phone: _____ E-Mail: _____

Correspondence regarding this establishment should be sent to:

Name: _____ Title: _____

Address: _____

Phone: _____ E-Mail: _____

****Please list types of Food to be sold/served or attach copy of current menu (add pages if necessary)****

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.

- I agree to abide by all provisions set forth in the Wells County Food Ordinance No: 2007-19 and the provisions set forth by Retail Food Establishment Sanitation Requirements, 410 IAC 7-24.
- I attest that all information provided is true and correct.
- I 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.

Printed Name

Title:

Signature

Date:

**LATE APPLICATIONS WILL RESULT IN A FINE OF \$20.00 PER DAY.
RETAIL FOOD ESTABLISHMENT PERMITS EXPIRE DECEMBER 31 EACH YEAR.**

FOR OFFICE USE: PERMIT # _____ DATE ISSUED: _____

PERMIT MAILED _____ RECEIVED IN PERSON _____