



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7562 ♦ Fax: (260) 449-3010 ♦ www.allencountyhealth.com

# ANNUAL FOOD MARKET PERMIT APPLICATION

All Food Establishments must comply with 410 IAC 7-24 and Allen County Code, Title 10, Article 2 at all times or be subject to the penalties therein

NAME OF ESTABLISHMENT: \_\_\_\_\_  
*(this is how it will appear on your permit and in our files)*

Address of Establishment (location): \_\_\_\_\_  
(street) (city) (zip)

Mailing Address for Permit: \_\_\_\_\_  
(street) (city) (state) (zip)

Mailing Address for permit renewal letter: \_\_\_\_\_  
(street) (city) (state) (zip)

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Type of Ownership (\* see back)  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_

If corporation, list name: \_\_\_\_\_ Resident Agent: \_\_\_\_\_

**-- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --**

- (1) Square footage of the food market area (only where food is stored, handled, displayed or sold): \_\_\_\_\_
- (2) What is the name of the Person-In-Charge? \_\_\_\_\_ Position: \_\_\_\_\_
- (3) Name of Certified Food Handler? \_\_\_\_\_ Position: \_\_\_\_\_ Cert. Expiration: \_\_\_\_\_  
*(In accordance with 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless otherwise exempt.)*
- (4) Please list your days and hours of operation (be specific): \_\_\_\_\_
- (5) Type of Water Supply to the Establishment:  Municipal  Private (well) (6) Number of Employees: \_\_\_\_\_

## PERMIT FEE SCHEDULE *(This is a non-refundable fee.)*

**LATE FEES APPLY IF THE PAYMENT IS BEING MADE AFTER THE 15<sup>TH</sup> OF THE MONTH IT IS DUE.  
IF LATE, USE CHART ON RIGHT.**

**ON-TIME RENEWALS, use the chart below**

SQUARE FOOTAGE	TOTAL FEE
Under 3,000	\$225.00
3,001-30,000	\$450.00
30,001-40,000	\$625.00
40,001-60,000	\$835.00
60,001 and over	\$1,050.00

**LATE RENEWALS, use the chart below**

SQUARE FOOTAGE	TOTAL FEE
Under 3,000	\$281.25
3,001-30,000	\$562.50
30,001-40,000	\$781.25
40,001-60,000	\$1,043.75
60,001 and over	\$1,312.50

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ESTABLISHMENTS & CHANGES OF OWNERSHIP, SEE BACK OF APPLICATION FOR FEE SCHEDULE**

**Make all checks or money orders payable to the Allen County Department of Health.**

**NOTE #1:** This permit is solely for the facility located at the address listed above. Any sale and/or food preparation at an off-site event is beyond the definition of catering and is not in compliance with state law/local ordinance and subject to penalties.

**NOTE #2:** Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the establishment will be closed until fees are paid in full.

**NOTE #3 (Collections):** Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

**By signing below I agree to ALL terms and conditions listed on this permit application**

**Permit will not be issued if not properly signed!**

**Signature of Applicant(s) or Corporate Officer:** \_\_\_\_\_

**Must be signed in ink by applicant(s)**

**Printed Name of Applicant(s):** \_\_\_\_\_

-----FOR OFFICE USE ONLY BELOW THIS LINE-----

Signature of Food Division Representative \_\_\_\_\_

Date \_\_\_\_\_

District #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Estab. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Clerk: \_\_\_\_\_

**\*ESTABLISHMENTS WITH SHARED OWNERSHIP, A PARTNERSHIP, OR ANY FORM OF MULTIPLE OWNERSHIP OR MEMBERSHIP – please complete the following for each:**

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

**NOTE TO NEW ESTABLISHMENTS OR NEW OPERATORS -- Non-Probationary**

**New Establishment Fee: \$275.00**

Each new food establishment shall be required to pay a fee of two hundred and seventy five dollars (\$275.00) for the review of plans and specifications and for the initial inspection of the Food Establishment. This fee is in addition to the permit fee.

**NOTE TO NEW OPERATORS -- (90-day Probationary) Fee: \$150.00**

Each new permittee of a food establishment which is in existence and has been operating on a continual basis up to the time that the new permittee takes over the ownership or possession of said food establishment, shall be required to pay a fee of one hundred and fifty dollars (\$150.00) for the initial inspection of the food establishment. This is an addition to the permit fee as set out herein.

**(Food establishments under new ownership are required to meet all applicable current codes within 90 days.)** There will be no extensions on this 90-day probationary period. All codes must be met at the time for the annual permit to be issued. If codes are not met at that time, the probationary permit will be revoked and the establishment will be closed. Refer to Title 10, Article 2 (Food and Beverage Ordinance) for further information.

**New Operator:** I, \_\_\_\_\_, have read and understand the

**(Please sign)**

above paragraph and I also understand I will need to schedule an initial inspection of the facility to determine what needs to be done to meet all applicable requirements.

**Actual date that the change of ownership will become effective:** \_\_\_\_\_