



LODGING ESTABLISHMENT EXPEDITED RE-INSPECTION APPLICATION

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: _____ Telephone: _____

All of the violations that were noted during the most recent inspection of my establishment have been corrected. I am requesting to have an expedited re-inspection of my establishment to modify the grade my establishment received. I am aware that the new grade could be lower than the original grade and that the new grade is the grade that will be posted regardless. I understand I may only request this type of re-inspection one time per year and that the inspection will occur unannounced within approximately a 10-day timeframe. By signing below, I am agreeing to all statements contained herein.

EXPEDITED RE-INSPECTION FEE SCHEDULE

(This is a non-refundable fee.)

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

EXPEDITED RE-INSPECTION FEE: \$50.00

AMOUNT PAID: \$ _____

NOTE: 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.
COLLECTIONS NOTICE: 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.

Must be signed in ink by the applicant(s)

➤ Printed Name of Applicant(s): _____

➤ Signature of Applicant(s) or Corporate Officer: _____

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

Signature of Department of Health Employee

Date

Check #: _____ Receipt Number: _____

Permit Number: LODGE- _____

Date Entered: _____ Clerk: _____