200 E. Berry Street ◆ Suite 360 ◆ Fort Wayne, IN 46802

Phone: (260) 449-7561 ◆ Fax: (260) 449-3010 ◆ www.allencountyhealth.com

ANNUAL LODGING ESTABLISHMENT PERMIT 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: _____

-- THE FOLLOWING ISSUES MUST BE ADDRESSED/COMPLETED OR PERMIT WILL NOT BE ISSUED --

(1) Total number of Guest Rooms _____

(2) What is the name of the Person-In-Charge? _____ Position: _____

(3) If your establishment is operated by a corporation, please list the name: _____

(4) Type of Water Supply to the Establishment: ☐ Municipal ☐ Private (well)

PLEASE SEE BACK SIDE OF THIS APPLICATION IF THIS IS A NEW ESTABLISHMENT OR A CHANGE OF OWNERSHIP

PERMIT FEE SCHEDULE

(This is a non-refundable fee.)

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

LATE FEES APPLY IF THE PAYMENT IS BEING MADE AFTER THE 15TH OF THE MONTH IT IS DUE.

ON-TIME RENEWALS: $150.00

LATE RENEWALS: $187.50 (125% of Annual Fee) **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 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: _____

NOTE TO NEW OPERATORS -- (90-day Probationary)

Each new permittee (usually due to a change in ownership) of a lodging 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 lodging establishment will be operating under a 90-day probationary permit.

(Lodging 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 11 (Sanitation Standards for Lodging Establishments Ordinance) for further information.*

New Operator:

I, _____, *have read and understand the above*
(Please sign)
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: _____