



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 SERVICE OFF-SITE 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.

Permanent Establishment Name: _____

Permanent Establishment Address: _____
(street) (city) (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: _____

EVENT INFORMATION:

Dates and times of when temporary cooking and/or sales will take place must be submitted to this Department on a regular basis. Notification to this Department must be made at least 24 hours and/or 1 business day to the event(s). Mail or fax your lists to the address/number listed above to ensure proper periodic inspection as required. FAILURE TO DO SO MAY RESULT IN PERMANENT PERMIT REVOCATION.

(Please initial here once you have read and understand this requirement: _____)

FACILITY AND FOOD PRODUCT INFORMATION:

Type of Structure: Trailer Tent Booth Grill Only Other: _____

List all foods to be prepared and/or served: _____

Name of the Person-In-Charge: _____ Position: _____

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.)

Once you have read and understand the list of "Temporary Off-Site Guidelines", please initial here: _____

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

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

ON-TIME RENEWALS, use the fee below FOR ONE YEAR OF OPERATION	LATE RENEWALS, use the fee below FOR ONE YEAR OF OPERATION	\$ _____
\$300.00	\$375.00	_____

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



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-----

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 %: _____