

# FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO ROAD • NEW ALBANY, INDIANA 47150 • PHONE (812) 948-4726 • FAX (812) 948-2208

WEBSITE: [WWW.FLOYDCOUNTYHEALTH.ORG](http://WWW.FLOYDCOUNTYHEALTH.ORG)

Office Hours: Monday – Friday, 8:00 AM – 4:00 PM

## Application for Retail Food Establishments

### ESTABLISHMENT INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address for Facility (if different than physical address)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address for Permit/Permit Renewal Letter, notices, invoices, etc (if different than establishment mailing address):

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certified Food Handler Name: \_\_\_\_\_ CFH Number: \_\_\_\_\_

**(A COPY OF THE CFH CERTIFICATE MUST BE PROVIDED AT TIME OF PERMIT ISSUANCE)**

### OWNERSHIP

Association  Corporation  Individual  Partnership  Other Legal Entity \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

### ZONE, DISTRICT, REGIONAL SUPERVISOR/MANAGER (if different than owner)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ESTABLISHMENT OPERATOR (person directly responsible for oversight of operations, if different than owner)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Has the establishments menu changed in the last year?  YES  NO

Have you added additional space or remodeled the establishment in the last year?  YES  NO

Did you previously operate less than 6 months/year and now operate more than 6 months/year?  YES  NO

Permits shall be renewed annually and will be valid from July 1<sup>st</sup> of the current year to June 30<sup>th</sup> of the following year. Late fees (**50% of annual permit + annual permit fee**) apply if the payment is being made after June 30<sup>th</sup>. Make all checks or money orders payable to the Floyd County Health Department. Permit fees are based upon the following Ordinances: Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814.

By signing below the applicant attests to the accuracy of the information provided in the application, and affirms that the applicant will comply with Floyd County-2008-V, New Albany-G-08-06, Greenville-2008-T-84, and Georgetown-2008-G-0814 and allow the Floyd County Health Department access the Bed and Breakfast Establishment, Retail Food Establishment, and /or Temporary Food Establishment and records as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

**Name of Applicant:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**\*\*NOTE: If you are a mobile food truck, you will be required to submit an updated copy of your commissary's Health Dept. permit, last inspection report, and letter of approval allowing your facility to use their establishment.**

Permit Fee..... \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_