

Floyd County Health Department

1917 Bono Road
New Albany, Indiana 47150
(812) 948-4726

Hereby Issues Food Establishment Permit No. 20-374

To

**NAHS SOCCER CONCESSIONS (@ GREEN VALLEY)
GREEN VALLEY RD
NEW ALBANY, IN 47150**

In accordance with the following Ordinances: Floyd County-2008-V, Georgetown-2008-G-0814, New Albany-G-08-06, and Greenville-2008-T-84, the above establishment is hereby granted a permit. This permit shall be in force for a period of one (1) year provided the establishment meets the minimum requirements under Indiana State Health Department Rule 410 IAC 7-15.4 pertaining to the sanitation of Bed and Breakfast Establishments or Title 410 IAC 7-24 pertaining to the sanitation of Food Service Establishment.

Permit Expires on: June 30, 2021

Revocation of permit: Permit may be revoked by the Floyd County Health Officer.

Transfer of permit prohibited: Permit shall not be sold, assigned, loaned or transferred.

08/03/2020

date issued



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Floyd County Health Officer

FLOYD COUNTY HEALTH DEPARTMENT

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

WEBSITE: WWW.FLOYDCOUNTYHEALTH.ORG

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

Application for Retail Food Establishments

ESTABLISHMENT INFORMATION

Name: NAHS - Green Valley Rd Soccer Stadium Concessions

Phone: 812-542-8507 x 2 Fax:

Address: 2230 Green Valley Rd City New Albany IN Zip 47150

Mailing Address for Facility (if different than physical address) Address: 1020 Vincennes St City New Albany State IN Zip 47150

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: BJ McAlister Owner's Phone: 612-701-0460

Address: NAHS - 1020 Vincennes St City New Albany Zip 47150

Email: bmcalister@nafcs.org

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 1st of the current year to June 30th of the following year. Late fees (50% of annual permit + annual permit fee) apply if the payment is being made after June 30th. 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 7-2-2

Name of Applicant: BJ McAlister Signature of Applicant: [Signature]

**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 #