APPLICATION FOR ANNUAL FOOD SERVICE PERMIT (Restaurants, Taverns, Schools, Fraternal Orders)

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Whitley County Health Department 220 West VanBuren Street, Suite 106 Columbia City, Indiana 46725 Phone: 260-248-3121 – Fax: 260-248-3129

Name of Establishment: Address:		
Phone Number:	Fax Number	
Name of Manager:	Cell Phone #	
Name of Owner(s):		
Address: Email Address:	Home & Cell Pho	nes
Name of Corporate Supervisor (zone, regional, districts)		
Address Phone Number	Cell Phone #	
Email Address	Fax #	
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Name of Certified Food Safety H Which Program Attended: Date of Certification:	andler:	
Operating Hours: Days Closed:		
Meals Served - Breakfast	Lunch Dinner	(Please Check)
WHITLEY COUNTY ORDINANCE FEE SCHEDULE		
FEE SCHEDULE FOR FOOD SERVICE ESTABLISHMENT BASED UPON NUMBER OF EMPLOYEES		
WHITLEY COUNTY FOOD SERVICE ESTABLISHMENT		
1. FOOD SERVICE ES	rmit fees shall be levied in accordanc	
A. 1 employee to 20 e	mployees\$10	0.00
B. 21 employees and o	over 5250	0.00
C. Late Fee for permi	its not renewed by January 1st	\$25.00 per day
TOTAL NUMBER OF FULL & PART TIME EMPLOYESS		
2. Permits for new facility	ties opening after September 1st	\$50 reduced
Date	Signature	