

# Henry County Health Department

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**Public Health**  
Prevent. Promote. Protect.

## Retail Food Establishment Permit Application

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Number of Employees \_\_\_\_\_

Name of Owner/Corporation \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Owner/Corporation \_\_\_\_\_

Email Address \_\_\_\_\_

Hours/Days of Operation \_\_\_\_\_

Name of Certified Food Handler \_\_\_\_\_

Certified Food Handler # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Send mail to which address? (please select one)     Establishment     Owner/Corporation     Email

### Required Annual Permit Fee (annual is operating more than 6 months each year):

Less than 20 employees:	\$75.00
20 to 49 employees:	\$100.00
More than 49 employees	\$150.00

### Required Seasonal Permit Fee (seasonal is operating 6 months or less each year):

Less than 20 employees:	\$37.50
20 to 49 employees:	\$50.00
More than 49 employees	\$75.00

*I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Receipt/Permit Number \_\_\_\_\_

Permit Fee Paid \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_